

REQUEST FOR TRANSCRIPTS

Fill out one request form for each different address. PRINT PLAINLY the complete name and address of the person or institution you wish to receive the transcript. (The requestor is responsible for furnishing the correct and complete address.) Transcripts will not be furnished for anyone whose financial obligations to the College have not been met.

Transcript fee is \$10.00 per copy. (Effective: 1/1/2016)
Make checks payable to EMMANUEL COLLEGE.
Please allow three (3) working days for processing.



Office of the Registrar
P O Box 129
Franklin Springs, GA 30639
FAX: 762-847-7011

STUDENT ADDRESS: (Please Print)

Name: _____ Date of Birth: _____
 First Middle Last

Previous Name: _____

Street/PO Box: _____

City: _____ State: _____ ZIP: _____

Phone number: _____ E-Mail Address: _____

Student Signature

Date

MAIL TRANSCRIPT TO: (Please Print)

Name/Institution: _____

Street/PO Box: _____

City: _____ State: _____ ZIP: _____

FAX Number: (Only if requesting a faxed copy) _____

Please be aware that a FAX copy of transcripts is an unofficial document and may not be accepted by many institutions.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Check one:

- Currently enrolled at Emmanuel College
- Date last attended: _____
- Graduated: _____

I would like my transcript:

- Issued now
- Held for current term grades
- Held until degree is conferred
- Other: _____

Type of Transcript Requested:

- Official Copy
- Unofficial Copy

PURPOSE OF THIS TRANSCRIPT:

- Transferring
- Employment
- Applying to Graduate School
- Teacher Certification
- Other: _____

Number of Copies to the above address: _____

Fee is required for every copy requested.

Official transcripts of credits earned at other Institutions, including high school, are not available for redistribution by Emmanuel College.