

## REQUEST FOR HIGH SCHOOL OR COLLEGE TRANSCRIPT

**STUDENT:** Please send a completed form directly to each high school and college previously attended.

**SCHOOL:** Please attach this form to the official transcript and mail to the address above.

*Permission is hereby granted for the release of my transcript to East Georgia State College.*

### Please print or type

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
PO Box/Street City State ZIP

I attended high school/college under the name(s): \_\_\_\_\_

Years attended: \_\_\_\_\_

\_\_\_\_\_ Birth date Social Security# Year graduated

Name of high school/college: \_\_\_\_\_

City/State: \_\_\_\_\_

### Regulation requires the student's signature to release a transcript.

I acknowledge by my signature I understand the college is collecting my Social Security number for the purpose of complying with federal and state statutes related to employment, financial and academic assistance, and inter-institutional articulation or transfer, and that the college may disseminate that information in some communications with outside organizations, while taking precaution to safeguard use of the number. I also understand that should I choose not to have my Social Security number transmitted to the Internal Revenue Service (IRS) in response to Hope/Lifetime Learning Tax Credit reporting, I face the possibility of a fine of \$50.

\_\_\_\_\_  
Student's name (please print)

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date