

Georgia Military College Transcript Request Form

Attn: Registrar's Office
201 E. Greene St.
Milledgeville, GA 31061
Fax 478-445-3378

Social Security # _____ Birthdate: _____

Student: _____

Last First Middle Maiden

Present Address _____

City _____ State _____ Zip Code _____

Phone # (work) _____ Phone # (home) _____

Use this information to update my Name and Address. YES ____ NO ____

Change processed by: _____ Date: _____

GMC Campus Attended: _____

GMC Dates of Attendance: _____

Are you currently a dual - enrolled student? () Y () N

Mail to students home address () Y () N Number of Copies ____

If mailing to a school or other address, please complete the following:

Name of school _____

To the Attention of _____

Address of School _____

City, State, Zip _____

FULL NAME OF SCHOOL ALONG WITH COMPLETE ADDRESS IS REQUIRED FOR ALL REQUESTS. REQUESTS WITH MISSING INFORMATION WILL BE DELAYED IN PROCESSING

Fax to: _____ (Please Include Address Above)

******All faxes are unofficial; an official is processed and sent through standard mail services on the same day**

() Hold until current quarter grades are posted. _____ Quarter.

() Hold for Degree -- Expected Graduation date _____

() Send as soon as possible

Transcript fees are as follows:

() No fee for Standard Mail Services

Special Service Fees: (All fees are **NON-REFUNDABLE**)

() \$15.00 to FAX unofficial & mail official (Student Must Provide FAX #, Name of Recipient, and Full Address)

() \$40.00 for Express Mail Service (Request needs to be received by 2:00 pm or it will go out the following business day)

****Payment confirmation number: _____ (only required for faxes & express mail)**

******For payment options please log onto www.gmc.edu and link to Transcript requests under Academics Or Mail payment to Georgia Military College Registrar's Office 201 E. Greene St. Milledgeville, GA 31061**

Student Signature: _____ Date: _____

Transcripts will not be issued unless all obligations are cleared. Official transcripts of your record from other institutions must be obtained from the institutions issuing the credit. ****All requests are destroyed after 6 months.**

COLLEGE USE ONLY

Number of copies _____ Amount paid: _____

RVSD: 8/2016

Account clear for past or current term _____ Initials: _____

Student account has balance for upcoming term only _____

Student account is awaiting aid to post, and requires authorization from Executive or Assistant Director.

Authorization attached _____ Initials: _____

Student Status: _____ Unconditional _____ Conditional _____ Provisional – **Unofficial only**

