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 ______________________         State ________ Zip Code ________

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: ______________________________

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)

( ) $5.00 Counter Service Fee (Hand Carry)
( ) $15.00 to fax unofficial & mail official (Student Must Provide Fax #, Name of Recipient, and Full Address)
( ) $20.00 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.cc.ga.us 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.

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Number of copies_____________ Amount paid: ___________ RVSD: 10/2015

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