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**)

( ) $5.00 Counter Service Fee (Hand Carry)
( ) $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: 2/2016
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**