Georgia Military College Transcript Request Form
Attn: Registrar’s Office
201 E. Greene St.
Milledgeville, GA 31061
Fax 478-445-3378

Student ID/Social Security # ___________________ Birthdate: ___________________

Student: __________________________________________

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.

Number of copies________________ Amount paid: ____________ RVSD: 10/21/16
Account clear for past or current term _____________ Initials: _____________
Student account has balance for upcoming term only ___
Student Status: _______ Unconditional ________ Conditional ________ Provisional – Unofficial only