

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: _____
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: 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**

