

TRANSCRIPT REQUEST FORM

Only paper transcripts are available through this method. For details, visit www.qmc.edu > Student Services > Request a Transcript.

Only paper transcripts are	available tillough tills method. For details,	, visit www.gmc.eau - Stac	icht berviees > Request a franscrip
Student Informatio	n:		
Last Name	First Nar	me	ID
Street:			
City:		State:	Zip:
Cell Phone:		Home Phone:	
Personal Email:			
Birthdate:	Campus Attended:	Dates of Atten	idance:
Use the information	on above to update my address.		
Transcript Order Tim	ieline:		
Send as soon as p	ossible.		
Hold until term gr	rades are posted for the following to	erm:	
Hold for Posting o	f Degree - Expected graduation da	te:	
Requesting Unoffic	cial Only.		
Send Transcript(s) to	the Following:		
Mail to Home - Nu	amber of copies:		
	Other: mation. Requests with missing information revice requested for additional fee.)	will be delayed. All transcri	pts mailed through US Postal Service
Name of Institution	n:		
To the Attention C	Of:		
Street Address:			
City:		State:	Zip:
Fax to Number of	Above-Listed School/Other:		
(All faxes are unoffici	t al ; an official transcript is sent through star	ndard mail services on the s	same day).
	fees are NON-REFUNDABLE . Payment scree ith confirmation number is under item 3. Or,		
No Fee - Standard	l Mail Service.		
\$15.00 - FAX uno	official transcript and mail official.		
\$40.00 - USPS Ex	xpress Mail Service (Request must i	be received by 2:00pm	n for same-day mailing).
Payment confirmation	number:		
Transcripts will not be in	cued unless all obligations are cleared. O	Afficial transcripts of wave	record from other institutions

OFFICE OF ACADEMIC RECORDS, 201 E. Greene St., Milledgeville GA 31061 * Fax 478-216-3344 * Email transcript@gmc.edu

must be obtained from the institutions issuing the credit. All requests are destroyed after 6 months.

Student Signature:

Date: