TRANSCRIPT REQUEST

INSTRUCTIONS: Use this form to request copies of your academic transcripts for both high school and college (if applicable.) Please complete this form and mail to the school(s) you previously attended.

DATE:	
I attended	
from,to	,
*** Copy of transcript MUST show the date you g	raduated from high school. **
I authorize	to release my records to
OFFICE OF ADMISSION ATHENS TECHNICAL CO 800 U.S. HIGHWAY 29 N ATHENS, GA 30601-15	LLEGE ORTH
Signature (required)	
Name while enrolled in high school/college :	
Married name (if applicable):	
Current address:	
Social Security Number/ Student ID:	
Date of Birth	

If you are a current high school senior, we will need a copy of your <u>FINAL</u> transcript to certify that you are a high school graduate

SCHOOL OFFICIAL: PLEASE ATTACH THIS FORM TO THE TRANSCRIPT BEFORE MAILING*