



OFFICE OF
STUDENT SUCCESS

Date _____

5717 White Bluff Road • Savannah, GA 31405-5521 • Phone (912) 443-5700 • Fax (912) 443-5705

TRANSCRIPT REQUEST

Present Name _____ Date of Birth _____

Previous Name _____ SS# _____

Dates Enrolled: From _____ To _____ Graduated? Yes _____ No _____

Current Address _____

Please send transcript to: _____
(Name of person, company, or agency)

(Address)

(City, State, Zip)

In accordance with the Family Educational Rights and Privacy Act of 1974, I hereby authorize Savannah Technical College to release to the above named person, or agency, any and all information (including but not limited to academic and financial information, addresses, references, etc.) requested by my legal guardian or me.

I agree to assume all legal responsibility and do hereby relieve the person who provides such information from any liability, regardless of any action, which might arise resulting from the release of that information.

Signature of Student

Date

Signature of Guardian
(If student is a minor)

Date

A **\$5.00 fee** is charged for each copy of your transcript, official or unofficial.