



**STUDENT TRANSCRIPT REQUEST**

**Submit this form to request your high school or college/university records.**

**TO:** Name of High School or College Attended: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FOR:** Student's name at time of enrollment at high school or college attended: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_\_ Phone Number \_\_\_\_\_

Dates Attended \_\_\_\_\_ to \_\_\_\_\_ Graduated? Yes  No

FORWARD AN OFFICIAL COPY OF MY:  High School Transcript  College Transcript

*(For a copy to be official, it must have a seal, stamp, or authorized signature)*

**TO: SAVANNAH TECHNICAL COLLEGE  
OFFICE OF ADMISSIONS  
5717 WHITE BLUFF ROAD  
SAVANNAH, GA 31405-5521**

**AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

I do hereby consent to the release of any information pertaining to my scholastic records and/or activities that

\_\_\_\_\_ may provide to Savannah Technical College.

(Name of Institution)

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

Current mailing address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip