



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