



SGSC

South Georgia State College

Office of the Registrar
100 West College Park Drive • Douglas, Georgia 31533
912-260-4200
912-260-4455 (fax-Douglas) • 912-449-7610 (fax-Waycross)
email: registrar@sgsc.edu

Check Box By Items Requested:

Immunization Records **Test Scores** **Transcript**

PLEASE PRINT CLEARLY

Student Name _____
Last First Middle Previous name(s)

Student ID # _____ Date of Birth _____
SSN can be used in place of ID#

Address _____ City, State, Zip _____

Last Date of Attendance _____ Email address _____ Phone # _____

Transcripts requested to be sent electronically, mailed, or faxed will be processed within the normal 2-3 business day processing time. There is a 24-hour processing time for transcripts to be picked up.

Choose one. Please complete additional requests for each transcript needed.

____ Send official transcript electronically via eSCRIP-SAFE to the following institution. *If we are unable to send electronically the official transcript will be mailed.*

Institution Name _____
Address _____
City, State Zip _____

____ Send official transcript by mail to the following address.

____ Send transcript now (2-3 days)
____ Send at the end of
<input type="checkbox"/> Summer 20 ____
<input type="checkbox"/> Fall 20 ____
<input type="checkbox"/> Spring 20 ____
____ Include Graduation Date

____ Send official transcript electronically via eSCRIP-SAFE to the following email address.

Email address _____

____ Send transcript via fax to the following number. This will **not** be considered an *official* transcript.

Fax Number _____ ATTN: _____

____ I prefer to pick up my official transcript. Please allow 24 hours for processing.

South Georgia State College reserves the right to withhold copies of educational records of students who fail to meet their financial obligations to the College.

Federal Law requires completion of below before transcript can be released:

I authorize release of my academic records (transcript) to the organization or party listed above.

Transcript will not be released without a proper signature.

Signature _____ Date _____

Bring, mail, scan and email, or fax completed form to address, email, or fax number at the top of this form.

Reason for Request (please check one): Transferring to another college Employment Personal Copy
 Other _____