



*A Unit of the Technical College  
System of Georgia*

**Augusta Campus**  
**(706)771-4000**  
**Thomson/McDuffie Campus**  
**(706) 595-0166**  
**Waynesboro/Burke Campus**  
**(706) 437-6801**  
***www.augustatech.edu***

**HIGH SCHOOL/POSTSECONDARY TRANSCRIPT REQUEST**

**Contact your high school or college to determine if payment is needed for processing your request.**

**Augusta Technical College does not accept faxed copies of transcripts.**

**To: Registrar**

\_\_\_\_\_  
(Name of High School/Postsecondary Institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip Code)

**From:**

\_\_\_\_\_  
(Name of Student)

\_\_\_\_\_  
(Former Name if Applicable)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
(Present Address)

\_\_\_\_\_  
(City, State, Zip Code)

Dates of Attendance or Graduation Date: \_\_\_\_\_

I am hereby requesting an official, sealed copy of my high school/postsecondary transcript.

Please send the transcript to the following address:

**Office of the Registrar  
Augusta Technical College  
3200 Augusta Tech Drive  
Augusta, GA 30906**

Your assistance and prompt reply will be appreciated.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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