



A Unit of the Department of Technical and Adult Education

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ATC Transcript Request

PLEASE ALLOW 5 TO 7 BUSINESS DAYS FOR YOUR REQUEST TO BE PROCESSED
ARCHIVED RECORDS (1992 OR BEFORE) MAY REQUIRE ADDITIONAL PROCESSING TIME

SSN/Student ID: _____

PLEASE PRINT LEGIBLY

Name: _____
Last First Middle

Name: _____
Other names used at Augusta Technical College (i.e. maiden, former married name)

Home Address: _____

Phone Numbers (Home) _____ (Other) _____

Dates/Years Attended: _____

Program(s) of study while attending ATC: _____

Check One: Currently Enrolled Graduated
 Withdrew Did Not Graduate

Number of Copies Requested:

_____ Student Copy to be sent to the address above.

_____ Official Copy to be sent to the address above.

_____ Official Copy - Please list the address(es) to send transcript(s).

A. _____

B. _____

Student Signature: _____

* There is a \$5.00 charge for each transcript issued after all free transcripts have been requested.*

* Please allow ten (10) business days for a personal check to clear.