



# SGSC

South Georgia State College

**Office of the Registrar**  
100 West College Park Drive • Douglas, Georgia 31533  
912-260-4406 • 1-800-342-6364 (Toll Free in GA)  
912-260-4455 (fax-Douglas) 912-449-7610 (fax-Waycross)  
email: registrar@sgsc.edu  
Engram Hall

**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.*

\_\_\_\_ Send official transcript by mail to the following address.

Institution Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_

____ 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 \_\_\_\_\_