



OFFICIAL TRANSCRIPT REQUEST FORM  
For Previously Attended Schools

STUDENT: Complete form and mail to your high school, technical school, college or GED test center. You may wish to contact each institution before forwarding a request; a processing fee may be involved.

Name of School: \_\_\_\_\_

Student Information:

Student Name: \_\_\_\_\_  
Last First Middle/Maiden

Name at time of Enrollment (if different from above): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Graduate?  yes  no

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Please forward the following to: Coastal Pines Technical College 1701 Carswell Ave. Waycross, GA 31503

- High School Transcript
- ASSET/SAT/COMPASS/ACCUPLACER SCORES
- College/Technical Institute Transcript
- GED Test Scores

*For GEDs issued within the state of Georgia, mail request form with a \$15.00 money order to: Georgia GED Testing Program, 1800 Century Place, Suite 300B, Atlanta, GA 30345 / (404).679.1645 or (800).94MYGED.*

AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

I accept responsibility for any charges for transcripts. Please bill me at:

\_\_\_\_\_  
(Please print) Mailing Address City State Zip

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