

Type the information (except the signature) on your computer by using the hand tool and clicking in one of the form field below.

# PAINE COLLEGE

1235 15<sup>TH</sup> STREET, AUGUSTA, GA 30901  
 Phone: 706- 821-8311 Fax: 706 – 821-8398

## TRANSCRIPT REQUEST FORM

Print Name: (First, Middle, Last)	Date of Birth:	
All Previous Name(s):	Social Security#:	
Signature ( <b>REQUIRED</b> )	Date	
<i>An original signature is required to process you transcript order</i>		

**METHOD OF PAYMENT: Money Order; VISA; or MasterCard ONLY (Credit Card payment can be made over the phone at (706) 821-8317). NO PERSONAL CHECKS ACCEPTED.**

**General Information About Your Transcript:**

**NAME CHANGES:** *If you want your name change to appear on your transcript, you must submit a name change request in person with your transcript request.*

1. **Payment must be made at the time of order. Transcript Fee is \$10.00 per copy.**
2. **Financial obligations to the college must be satisfied for release of transcript.**
3. Transcript requests are processed within **5-7** business days from the date received in the Office of Records excluding delivery time.
4. Transcripts Issued to the Student are considered Unofficial unless placed in a sealed envelope and stamped **Void If Seal is Broken**. Some institutions will not accept Transcripts unless mailed by the Records Office.
5. Transcripts will be sent 1<sup>st</sup> Class Mail. The college assumes no responsibility for final delivery.
6. It is the student's responsibility to furnish a correct and complete address
7. Your original signature must be included. Computer generated signatures are not valid.

**Provide all the information requested below to ensure prompt processing of your request.**

Print Your Current Street Address:

City:	State:	Zip Code:
*Phone #	*Print your e-mail address	

**\*In case we need to contact you with questions about your request.**

**STUDENT'S PERSONAL DATA**

Name on Record While Enrolled:	Address:(optional)
Currently enrolled at Paine: <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, date of last attendance at Paine:
Degree Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree and Major: Graduation Date:

**PROCESSING INFORMATION FOR OFFICIAL/UNOFFICIAL TRANSCRIPTS**

**Indicate the number of copies to be mailed.** Transcripts are normally processed within 5-7 business days, except during peak periods at the start and end of the term. Please allow additional time for mail delivery to your destination.

<b>Enter addresses to which transcripts are to be mailed and the number of copies to be sent to each address (abbreviate if necessary). For additional addresses, please complete another form or attach a sheet listing the additional information.</b>	
Number of Official copies to be Mailed: <input type="checkbox"/> Picked Up: <input type="checkbox"/>	Number of Unofficial copies to be Mailed: <input type="checkbox"/> Faxed: <input type="checkbox"/> Picked Up: <input type="checkbox"/>
(Please Print)	(Please Print)
Name/Place:	Name/Place:
Dept/Attn	Dept/Attn
Street:	Street:
City/State/Zip	City/State/Zip
Email Address:	Email Address:
Name/Place:	Name/Place:
Dept/Attn	Dept/Attn
Street:	Street:
City/State/Zip	City/State/Zip
Email Address:	Email Address:

**To avoid duplication, please use only one of the following methods for your request: Fax, Pick-up or Mail.**