

Please print this form and complete. Once completed, this form may be submitted with acceptable form of payment to the Office of the Registrar via mail or in person only.  
Effective March 20, 2015, requests by fax are not acceptable and transcripts are not faxed. See instructions below:

# PAINE COLLEGE

1235 15<sup>TH</sup> Street, Augusta, GA 30901

Phone: 706-821-8303

Fax: 706-821-8398

Email: [recordsofficestaff@paine.edu](mailto:recordsofficestaff@paine.edu)



## REQUEST FOR OFFICIAL/UNOFFICIAL ACADEMIC TRANSCRIPT

*In compliance with the federal Family Educational Rights and Privacy Act (FERPA), Paine College requires transcript requests to be submitted in writing to include name, social security number, address, and signature.*



Print Name (First, Middle, Last):	Date of Birth:
All Previous Name(s):	Social Security No.:
<b>Signature (REQUIRED):</b>	Date:

**METHOD OF PAYMENT: Money order by mail and cash in person at the campus cashier's window in Room 110 of Haygood-Holsey Building. No personal checks and credit card payments accepted at cashier's window. To order online and pay by credit card, visit [www.paine.edu](http://www.paine.edu), select "Quick Links" and click on "Online Transcript Ordering".**

### General Information About Your Transcript:

1. Payment must be made at the time of order. Transcript fee is \$10.00 per copy. Financial obligations to the college must be satisfied for release of transcript.
2. Transcript requests are typically processed within 5-7 business days (attendance dates prior to 2000) and 3-5 (attendance dates 2000 and later) from the date received in the Office of the Registrar excluding delivery time. For special processing and delivery options, visit the Office of the Registrar's Webpage for more details.
3. Transcripts issued are considered unofficial unless placed in a sealed envelope and stamped "Void if Seal is Broken".
4. Transcripts will be sent 1<sup>st</sup> Class Mail. The college assumes no responsibility for final delivery. Visit the Office of the Registrar's Webpage for more details on special delivery options.
5. Name at the time of attendance will appear on all transcripts.
6. Provide all information requested to avoid a delay in the processing of your request. Phone number and email address are required for contact purposes.
7. Transcripts to be picked up will be held for 30 days. After said date, the transcript will be destroyed and a new request and payment will be required.

Print Your Current Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Print your e-mail address: \_\_\_\_\_

Name on Record While Enrolled: \_\_\_\_\_

Currently enrolled at Paine: Yes  -OR- No  If no, date of last attendance at Paine: \_\_\_\_\_

Degree Received: Yes  -OR- No  Degree and Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

**You are responsible for supplying a correct and legible address. Enter addresses and the number of copies to be sent to each address (abbreviate if necessary). For additional addresses, please complete another form.**

<b>Request No. 1</b> Print Transcript Recipient Information Below: (Please Print Legibly)	<b>Request No. 3</b> Print Transcript Recipient Information Below: (Please Print Legibly)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
Address Line 3:	Address Line 3:
City/State/Zip:	City/State/Zip:
Number of Official copies to be Mailed: <input type="checkbox"/> -OR- Picked Up: <input type="checkbox"/>	Number of Official copies to be Mailed: <input type="checkbox"/> -OR- Picked Up: <input type="checkbox"/>
Number of Unofficial copies to be Mailed: <input type="checkbox"/> -OR- Picked Up: <input type="checkbox"/>	Number of Unofficial copies to be Mailed: <input type="checkbox"/> -OR- Picked Up: <input type="checkbox"/>
<b>Request No. 2</b> Print Transcript Recipient Information Below: (Please Print Legibly)	<b>Request No. 4</b> Print Transcript Recipient Information Below: (Please Print Legibly)
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
Address Line 3:	Address Line 3:
City/State/Zip:	City/State/Zip:
Number of Official copies to be Mailed: <input type="checkbox"/> -OR- Picked Up: <input type="checkbox"/>	Number of Official copies to be Mailed: <input type="checkbox"/> -OR- Picked Up: <input type="checkbox"/>
Number of Unofficial copies to be Mailed: <input type="checkbox"/> -OR- Picked Up: <input type="checkbox"/>	Number of Unofficial copies to be Mailed: <input type="checkbox"/> -OR- Picked Up: <input type="checkbox"/>

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