

# MOREHOUSE COLLEGE TRANSCRIPT REQUEST FORM

Office of Records and Registration  
830 Westview Drive, S.W.  
Atlanta, GA 30314-3773

Office Number (404) 215-2641  
Fax Number (404) 215-2600

NAME AND ADDRESS BLOCK (Please print neatly)

|   |             |             |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |
|---|-------------|-------------|-----------|-----------------|--|--|------|-------|----------|-------------------------|--|--|---|---------------------------------|------------------|-------------|-----------------------------|
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Middle Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Last Name</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Current Address</td> </tr> <tr> <td style="border-bottom: 1px solid black;">City</td> <td style="border-bottom: 1px solid black;">State</td> <td style="border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">OTHER NAMES USED: _____</td> </tr> </table> | First Name  | Middle Name | Last Name | Current Address |  |  | City | State | Zip Code | OTHER NAMES USED: _____ |  |  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; text-align: center;">ID/SOCIAL SECURITY # (Required)</td> </tr> <tr> <td style="border-bottom: 1px solid black;">SIGNATURE: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">DATE: _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;">CONTACT PHONE NUMBER: _____</td> </tr> </table> | ID/SOCIAL SECURITY # (Required) | SIGNATURE: _____ | DATE: _____ | CONTACT PHONE NUMBER: _____ |
| First Name  | Middle Name | Last Name   |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |
| Current Address   |             |             |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |
| City  | State       | Zip Code    |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |
| OTHER NAMES USED: _____   |             |             |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |
| ID/SOCIAL SECURITY # (Required)   |             |             |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |
| SIGNATURE: _____  |             |             |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |
| DATE: _____   |             |             |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |
| CONTACT PHONE NUMBER: _____   |             |             |           |                 |  |  |      |       |          |                         |  |  |   |                                 |                  |             |                             |

|   |   |
|---|---|
| <p><b>MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)</b></p> <p>Number of Copies requested: _____ Official <input type="checkbox"/> Unofficial <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <hr style="border-top: 1px dashed black;"/> <p><b>MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)</b></p> <p>Number of Copies requested: _____ Official <input type="checkbox"/> Unofficial <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> <hr style="border-top: 1px dashed black;"/> <p><b>MAIL TRANSCRIPT TO: (PRINT COMPLETE ADDRESS)</b></p> <p>Number of Copies requested: _____ Official <input type="checkbox"/> Unofficial <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>City _____ State _____ Zip Code _____</p> | <p style="text-align: center;"><b>FEES</b></p> <p>FOR OFFICIAL AND UNOFFICIAL TRANSCRIPTS:<br/>\$6.00 per request</p> <p style="text-align: center;"><u>PERSONAL CHECKS ARE ACCEPTED</u></p> <p><i>Note: All financial obligations to Morehouse College must be satisfied before a transcript can be released.</i></p> <p style="text-align: center;"><b>PROCESSING TIME</b></p> <p>Transcripts will be mailed in approximately three to five business days. However, please allow two to three weeks during peak periods. Note: Federal law allows a maximum of 30 days for the processing of this type of request.</p> <p style="text-align: center;"><b>PERSONAL PICKUP</b></p> <p>I will personally pick up transcript(s): YES <input type="checkbox"/> NO <input type="checkbox"/><br/><i>(Note: You must have a valid ID card to personally pick up a transcript.)</i></p> <p><b>***** Instructions for completing request *****</b></p> <ul style="list-style-type: none"> <li>Make sure that the form is filled out completely and accurately.</li> <li>Make sure you sign the form. A transcript request cannot be processed without a legal signature from you.</li> <li>After completing the request, pay the processing fee in the Cashier's Office, then take it to the Office of Records and Registration.</li> </ul> |
| <p><b>FOR OFFICIAL USE ONLY</b></p> <p>Initial of clerk who processed request: _____</p> <p>Date transcript sent: _____</p>   | <p><b>For Office of Business and Finance Use Only</b></p> <p>Amount Paid: _____ Initial _____ Date _____</p> <p>Cashier's Release: _____ Yes _____ No Initial _____ Date _____</p> <p>Perkins (NDSL) Release: _____ Yes _____ No Initial _____ Date _____</p>   |

Original - Recipient

Copy 1 - Student's Copy

Copy 2 - Registrar's Copy