



TRANSCRIPT REQUEST FORM

In order for your transcript to be issued you must provide your student ID number (social security number) and have satisfied all financial obligations to the college. There is a charge of \$5.00 for each transcript requested and requests are processed within five business days. Payment must accompany request. Credit card orders are accepted. You can contact the cashier at **(912) 443-4790** to make payment, or Make check or money order payable to Savannah Technical College and send all requests to:

**Savannah Technical College
Registrar's Office
5717 White Bluff Road
Savannah, GA 31405-5521**

Fill out one request form for each address to which you are sending copies. **The fax number to request a transcript is (912) 443-5705.**

OR

E-mail to aberry@savannahtech.edu

Social Security Number _____ Date of Birth _____

Number of Copies _____ Date of Request _____

Payment Type: Cash _____ Check _____ Money Order _____ Credit Card _____ Receipt # _____

STUDENT INFORMATION (please print)

First Name Last Name Middle/Maiden Name

Address City/State/ Zip Code

Email Area code Phone Number

SEND TRANSCRIPT TO:

SPECIAL INSTRUCTIONS – hold transcript until:

Degree posted: Term _____ Year _____ Specify type _____

Grade change: Term _____ Year _____

Grade(s) posted: Term _____ Year _____

The Family Educational Rights and Privacy Act of 1974 require written authorization from the student before transcripts can be released.

Signature of Student