

MIDDLE GEORGIA COLLEGE TRANSCRIPT REQUEST FORM
(please print)

NAME AND PRESENT ADDRESS OF STUDENT:

MGCID# _____ [MGCID Lookup](#)

MAIDEN OR PREVIOUS LAST NAME: _____

MOST RECENT YEAR ENROLLED AT MGC: _____

TELEPHONE NUMBER: (_____) _____ - _____

NAME AND ADDRESS TO WHICH TRANSCRIPT SHOULD BE MAILED:

Number of copies _____

TRANSCRIPT SHOULD BE MAILED:

NOW _____ END OF SEMESTER _____ BOTH _____

This authorizes the release of my Middle Georgia College academic record to the person or institution named.

STUDENT SIGNATURE _____

DATE _____

*** Any holds on your record (fines, police tickets, financial balances) will delay processing of this transcript. Transcripts should be requested two weeks prior to date needed.*

This form may be either faxed to (478) 934-3049

or mailed to:

Middle Georgia College, Office of the Registrar
1100 Second Street, SE, Cochran. GA 31014