

TRANSCRIPT REQUEST

Georgia Institute of Technology
Student Records Office, Atlanta, Ga 30332-0315
comments@registrar.gatech.edu, Fax 404-894-0167

PERSONAL INFORMATION

Print Name _____

PRINT NAME AS IT APPEARS ON GEORGIA TECH RECORDS

GTID # or SSN _____

If SSN, Last 4 Digits ONLY

Phone Number _____

Date of Birth ____ / ____ / ____

Email Address _____

Currently Enrolled Yes _____ No _____ If no, date of last enrollment at Georgia Tech Date _____
Month Year

Do you want this transcript request held for grades to be posted at the end of the current term? Yes _____ No _____
If yes, transcript will be available Friday, following final

TRANSCRIPT ORDER INFORMATION (PLEASE PRINT CLEARLY)

_____ Number of copies

_____ Check here to pick up transcript in person (PHOTO ID REQUIRED)

Or

Enter Transcript Mailing Address _____

Special Instructions: As per agreement for Biomedical Engineering graduate students
in the joint program with Emory or Emory & Peking University, no charge will
be assessed for the GT transcript. Agreement approved by Reta Pikowsky 9/2014.

SIGNATURE _____

_____ / _____ / _____
Date

TRANSCRIPTS CANNOT BE FAXED. TRANSCRIPT REQUESTS WILL BE PROCESSED IN ORDER OF RECEIPT. WE CAN NOT ACCEPT RESPONSIBILITY FOR DELIVERY OF TRANSCRIPTS ONCE THEY HAVE BEEN MAILED.

REQUESTS SHOULD BE MADE AS FAR IN ADVANCE AS POSSIBLE AND AT LEAST ONE WEEK BEFORE THE TRANSCRIPT IS NEEDED.