

# REQUEST FOR HIGH SCHOOL/GED TRANSCRIPTS

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NAME AND ADDRESS OF LAST SCHOOL ATTENDED

School: \_\_\_\_\_

Address: \_\_\_\_\_

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*Please send an official copy of my transcript to:*

**Albany Technical College  
ATTN: Admissions Office  
1704 S. Slappey Blvd.  
Albany, Georgia 31701**

NAME USED WHILE IN ATTENDANCE (INCLUDE A MAIDEN OR ANY PREVIOUS NAME(S))

Print Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

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Dates Attended: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_ Date Requested: \_\_\_\_\_

***PLEASE NOTE: It is the responsibility of the student to request this documentation.***

As set forth in its student catalog, Albany Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). Contact Title IX coordinator, ATC, 1704 S. Slappey Blvd., Albany, GA 31701, 229.430.3524. Contact Section 504 coordinator at the same address, 229.430.2854 or Barbara Landay for clarification: Barbara Landay, 404.679.1664 or blanday@dtae.org.



*A Unit of the Technical College System of Georgia,  
Albany Technical College is an Equal Opportunity Institution.*