



1704 S. Slappey Blvd. ▲ Albany, Georgia 31701 ▲ Tel# (229) 430-5281 ▲ Fax (229) 430-6180

REQUEST FOR OTHER COLLEGE TRANSCRIPTS

Name and address of College or University attended:

PLEASE SEND AN OFFICIAL COPY OF MY TRANSCRIPTS TO:

**Albany Technical College
ATTN: Registrar's Office
1704 S. Slappey Blvd
Albany, GA 31701**

Name used while in attendance; include a maiden or any previous names:

PLEASE PRINT INFORMATION BELOW:

Name on transcript: _____

Current name, if different: _____

Current address: _____

City State zip-code

Date of attended: _____ Date of birth: _____

SSN# or Student ID#: _____

Signature _____ Date Requested _____

Albany Technical College does not discriminate in employment or educational activities on the basis of race, religion, color, national origin, sex or handicapping condition.
