

Oglethorpe University Transcript Request Form

4484 Peachtree Road, N.E., Atlanta, GA 30319, Lupton Hall-Ground

Office Hours M-T-F 8:30am to 5:00pm W-TH 8:30am to 6:00pm ~ Telephone: 404-364-8315 ~ Fax: 404-504-1071

INSTRUCTIONS

Please Note the following: This form cannot be electronically submitted. This form is void until signed. 1. All obligations to Oglethorpe University must be reconciled before transcript(s) will be released. 2. Please indicate the CORRECT address (es) of where the transcript is to be delivered. Oglethorpe takes no responsibility for incorrect mailing information.

Step 1 - Print the form

Step 2 - Write/type the required information in the spaces below

Step 3 - Sign the form

Step 4 - Mail to: Oglethorpe University, Office of the Registrar, 4484 Peachtree Road, N.E., Atlanta, GA 30319 or

Fax to: (404) 504-1071.

Name while attending Oglethorpe or Woodrow Wilson

_____/_____/_____
Today's Date mm/dd/yyyy Last First Middle

Student ID Number Name if different from ID above Last First Middle

Street (Local Address)

City State Zip Code Telephone No. Date of Birth mm/dd/yyyy

I am Currently Enrolled OR Last Semester Attended **Oglethorpe:** _____

I attended the **Woodrow Wilson College Of Law:** Date attended _____

I hereby authorize Oglethorpe University to release the transcript of my academic record.

Signature of Student (required)

Mail transcript(s) immediately Mail transcript(s) when final grades are posted Hold for Pick-Up Mail after Posting of Degree

PLEASE ALLOW 3-5 (Three to Five) BUSINESS DAYS FOR REGULAR PROCESSING

Please mail transcript(s) to the following address(es):

1) _____ 2) _____

Send _____ Copies Send _____ Copies

3) _____ 4) _____

Send _____ Copies Send _____ Copies

Total Number of Transcripts Ordered: _____

PAYMENT INFORMATION

Enclosed is a check / money order for \$ _____.

Please charge to my credit card. **Credit Card Number:** _____

Billing address of Credit Credit _____

Expiration Date: ____/____/____ **Type of Credit Card :** Visa MasterCard American Express

Amount in Words: _____ dollars. **Amount in Figures:** \$ _____

Signature of Cardholder: _____

Please note: This request will not be process without proper payment.

Woodrow Wilson Transcripts cost **\$10.00 per copy** ~ Oglethorpe University Transcripts cost **\$3.00 per copy**