

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 <u>CORRECT</u> 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 above	Last	First	Middle
Street (Local Address)				
____	____	____	____	____
City	State	Zip Code	Telephone No.	Date of Birth mm/dd/yyyy
<input type="checkbox"/> I am Currently Enrolled OR Last Semester Attended Oglethorpe: _____				
<input type="checkbox"/> 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	<input type="checkbox"/> Enclosed is a check / money order for \$ _____.
	<input type="checkbox"/> 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 \$5.00 per copy	