

**Waycross College**  
**Office of Registrar**  
2001 South Georgia Parkway, Waycross, GA 31503  
Phone 912-449-7600 Fax 912-449-7610

**Transcript Request Form**

Official Transcript \_\_\_\_\_ Unofficial Transcript \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Name you attended under if changed: \_\_\_\_\_ Email: \_\_\_\_\_

Year(s) attended: \_\_\_\_\_ through \_\_\_\_\_ Student ID No: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Number of copies requested: \_\_\_\_\_ I will pick up my transcript(s) \_\_\_\_\_

I request my transcript(s) faxed to: (Fax Number) \_\_\_\_\_

\*Please note: Only unofficial transcripts can be faxed.

I request my transcript(s) mailed to:(Address)

Name: \_\_\_\_\_ Business: \_\_\_\_\_

College: \_\_\_\_\_ Other: \_\_\_\_\_

Attn: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

By my signature on this form, I am requesting the Office of the Registrar to furnish the above information to the recipient listed. Please submit the \$2.00 fee for each transcript requested to Student Records, payable to Waycross College. Transcripts will not be issued for anyone whose financial obligations to the College have not been met.

Signature: \_\_\_\_\_