COLUMBUS TECHNICAL COLLEGE
A Unit of the Technical College System of Georgia

Transcript Request

PLEASE ALLOW 3 BUSINESS DAYS FOR PROCESSING
If you are writing a check, please include your DL# and State on the check.

Please check the appropriate box:

☐ Official Transcript ☐ Compass Scores

☐ Unofficial Transcript

Name: _____ _____ _____ _____
Last **First** **M.I.** **Maiden**

SSN: _____ **Phone Number:** _____

Approximate Dates of Attendance: _____ **To** _____
Month/Year **Month/Year**

Mail My Transcript To:

_____

Student Signature:_____ **Date:**_____

Official Use:_____ **Date:**_____

Registrar's Office 9/09