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:

_____

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Student Signature:_____ **Date:**_____

Official Use:_____ **Date:**_____

Registrar's Office 9/09