



A Unit of the Technical College System of Georgia

495 North Indian Creek Drive  
Clarkston, Georgia 30021-2397  
(404) 297-9522 Ext. 1602

## HIGH SCHOOL/POST SECONDARY TRANSCRIPT REQUEST

To: Registrar (High School/Post Secondary Institution)

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

Street Address: \_\_\_\_\_

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

From: (Student)

(If applicable)

Name: \_\_\_\_\_ Former Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

SS#: \_\_\_\_\_ (no dashes or dots) Date of Birth: \_\_\_\_\_

Date of Attendance: \_\_\_\_\_ through \_\_\_\_\_ **OR** Graduation Date: \_\_\_\_\_

I am hereby requesting an official, sealed copy of my  High School  Post Secondary transcript.

Please send the transcript to the following address:

**Georgia Piedmont Technical College  
Attn: Admissions Office  
495 North Indian Creek Drive  
Clarkston, Georgia 30021-2397**

Your assistance and prompt reply will be appreciated.

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

Date: \_\_\_\_\_