

SPELMAN COLLEGE TRANSCRIPT REQUEST FORM

350 Spelman Lane, S.W., Atlanta, GA 30314 ■ Room 201- Packard Hall
Office Hours: M-F 9:00 a.m. to 5:00 p.m. ■ Telephone: 404.270.5159 ■ Fax: (404) 270-5171

INSTRUCTIONS	<p>Please Note the following: This form cannot be electronically submitted</p> <p>1. This form is void until signed. 2. All financial obligations must be reconciled before transcripts will be released. 3. Please indicate the <u>CORRECT</u> address(es), name(s) of person(s), or apartment number where the transcript is to be delivered. Spelman College Office of the Registrar takes no responsibility for incorrect mailing information.</p>
	<p>Step 1 - Print the form Step 2 - Complete the required information in the spaces below Step 3 - Sign the form Step 4 - Mail to: Spelman College, Office of the Registrar, 350 Spelman Lane, SW, Atlanta, GA 30314 or Fax to: (404) 270-5171</p>

/ /	Name while attending Spelman	Last	First	Middle
Social Security 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 <u>OR</u> Last Attended Spelman: <input type="checkbox"/> Spring Semester _____ <input type="checkbox"/> Fall Semester _____				

I hereby authorize Spelman College to release the transcript of my academic record.

Signature (required)

Total Number of Transcripts Ordered: _____

Mail transcript(s) immediately Mail transcript(s) when final grades are available

PLEASE ALLOW TEN 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

PAYMENT INFORMATION	<input type="checkbox"/> Enclosed is a check / money order for \$ _____.
	<input type="checkbox"/> Please charge to my credit card. Credit Card Number: _____
	Expiration Date: ____/____/____ Type of Credit Card : Visa MasterCard American Express
	Amount in Words: _____ dollars. Amount in Figures: \$ _____
	Signature of Cardholder: _____
_____ This account has been paid. _____ This account has NOT been paid. DO NOT release transcript.	