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: 404.270.5231 ? Fax: (404) 270-5171

INSTRUCTIONS

Please Note the following: **This form cannot be electronically submitted**

1. **This form is void until signed.** 2. All financial obligations must be reconciled before transcripts will be released.
3. Please indicate the CORRECT 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.

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

_____/_____/_____ _____
Today's Date mm/dd/yyyy **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

? I am Currently Enrolled OR Last Attended Spelman: ? Spring Semester _____ ? 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 FIVE TO SEVEN 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

? Enclosed is a check / money order for $ _____.

? 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.**

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