

**MERCER UNIVERSITY - ATLANTA CAMPUS
TRANSCRIPT REQUEST FORM**

OFFICE OF THE REGISTRAR
3001 Mercer University Drive
Atlanta, GA 30341
PHONE (678) 547-6263
FAX (678) 547-6137
INSTRUCTIONS:

Copies: Original-Registrar
Yellow - Student

- 1 - Complete a separate form for each different transcript destination.
- 2 - Choose One: You Pick Up We Mail (Fill in 'Mail To' information at bottom of form.)
- 3 - Allow two working days for transcript requests to be completed.

STUDENT ID NUMBER: _____

PRINT FULL NAME AS ON ACADEMIC RECORD:

_____ CURRENTLY ENROLLED? YES
NO
LAST FIRST MIDDLE MAIDEN/FORMER

ALL OTHER NAMES UNDER WHICH YOUR RECORDS MAY BE LISTED:

_____ ADDRESS: _____ SCHOOL/ PROGRAM OF STUDY: _____
_____ DATES ATTENDED: _____

HOME PHONE: _____

WORK PHONE: _____

I AM REQUESTING OFFICIAL COPIES.

WOULD YOU LIKE YOUR TRANSCRIPT:

 ISSUED AS SOON AS POSSIBLE (2-3 WORKING DAYS)
 HELD FOR CURRENT TERM GRADES
 HELD UNTIL DEGREE HAS BEEN POSTED
 OTHER _____

_____ STUDENT SIGNATURE _____ DATE

MAIL TO: _____

OFFICE USE ONLY:
Business Office: _____
Date Received By
Transcript Issued: _____
Date By