MERCER UNIVERSITY - ATLANTA CAMPUS
TRANSCRIPT REQUEST FORM

Registrar's Office
3001 Mercer University Drive
Atlanta, GA 30341
(678) 547-6263 Fax (678) 547-6137

Please Note:

- A separate form must be completed for each different destination.
- Transcripts will not be released if a student's account is on hold.
- Incomplete or unsigned forms will prevent request from being processed.
- Allow three working days for request to be processed (one week at beginning and end of terms)

_____ _____
Student ID Number/SSN Date of Birth

_____
Last Name First Middle

_____
Other Name(s) Attended Under

_____
Current Address City State Zip

(___)_____
Phone Number

Current student: □ Yes □ No Program of Study: _____
If no, dates attended: _____

Number of copies: _____

Check all that apply:
□ Regular processing (FREE! 2-3 days) □ Hold for current term grades
□ Immediate processing ($10.00 per copy)* □ Hold until degree is posted
□ Fax ($5.00)* Attn: _____
(____)_____

□ Pick up transcript in person with ID **OR** □ Mail to:_____
_____
_____
_____
City State Zip

_____ _____
Student Signature Date

□ Check Enclosed