

Point University

Unofficial Transcript Request Form

Office of the Registrar

507 West 10th Street | West Point, GA 31833 | 706-385-1018 (phone) | 706-645-9475 (fax)
Point.registrar@point.edu (email)

_____	_____	_____	_____
Date of Birth	Last 4 digits of Social	Daytime Phone Number	
_____	_____	_____	_____
First Name (Please Print)	Middle Name	Last Name	Maiden Name
Are you currently attending? <input type="checkbox"/> Yes <input type="checkbox"/> No		_____	
Which Program are you enrolled in? <input type="checkbox"/> Access <input type="checkbox"/> Trad.		Current Email Address	
Term/Year last enrolled: _____		_____	
		Student's Signature	
		NOTE: Transcript will not be released without your signature.	

Email
Name: _____
Address: _____

Mail
Address: _____

Fax
Name: _____
Number: _____

PROCESSING TIME
Transcripts will be sent out in approximately one week. However, please allow two to three weeks during peak requesting periods.

To be completed by the Registrar

Date Received: _____ Received by: _____
Date Sent: _____