

Point University

TRANSCRIPT REQUEST FORM

Office of the Registrar

507 West 10th Street | West Point, GA 31833 | 706-385-1018 (phone) | 706-645-9475 (fax)

There is a \$5.00 charge for each transcript. All financial obligations to Point University must be satisfied before a transcript is released. **An official transcript released directly to a student is marked "student copy" and will not be accepted by a third party.**

_____ - _____ - _____ Daytime Phone Number: _____
Social Security Number

_____ _____ _____
First Name (Please print) Middle Name Last Name

_____ _____ _____ _____
Local Address (Please print) City State ZIP

Are you currently attending? Yes No _____
Current Email Address

Term/Year Last Enrolled: _____

Date of Birth: _____ _____
Student's Signature

NOTE: Transcript will not be released without your signature.

MAIL TRANSCRIPT TO: (Print complete address)

Number of copies requested: _____

MAIL TRANSCRIPT TO: (Print complete address)

Number of copies requested: _____

MAIL TRANSCRIPT TO: (Print complete address)

Number of copies requested: _____

PURPOSE OF TRANSCRIPT

- Transfer to another college
- Transient student
- Teacher certification
- Graduate school
- Student copy

SPECIAL REQUESTS

- Send transcript now
- Send after current grades are posted
- Send after degree is conferred
- Send after incomplete grade is posted

Term: _____ Year: _____

- Prepare official, sealed hand carry

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 Paid: _____ Cleared: _____

Printed/Mailed: _____ Email Sent: _____