

\_\_\_\_\_  
Social Security Number

Name \_\_\_\_\_

Previous Name, if different from above  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Will pick up transcript.
- Send transcript to: (Please print legibly.)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

### Transcript Request

**Mailing Address:  
Emmanuel College  
Office of the Registrar  
P O Box 129  
Franklin Springs, GA 30639**

Official transcripts of credits earned at other institutions, including high school, are not available for redistribution by Emmanuel College.

### PURPOSE OF TRANSCRIPT:

- College/Graduate School
- Teacher Certification
- Scholarship Application
- Work/Job Application
- Other \_\_\_\_\_

- Hold for final grades

No. of Copies requested \_\_\_\_\_

There is no charge for this service. Exceptions to this include multiple copies being requested and Express Mail service. Please contact the Registrar's Office for more information.

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