



**(256) 233-8100**

**REQUEST FOR TRANSCRIPTS OF CREDIT FROM OTHER COLLEGES & UNIVERSITIES**

TO: Registrar

(University/College address from which you are requesting the transcript)

\_\_\_\_\_  
Institution

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

To whom it may concern:

Please send one copy of my official transcript of academic record at your institution to:

**ATHENS STATE UNIVERSITY  
ADMISSIONS OFFICE  
300 NORTH BEATY STREET  
ATHENS, AL 35611**

Thank you,

\_\_\_\_\_  
Signature (required)

**PLEASE PRINT**

\_\_\_\_\_  
Full name while attending above institution

\_\_\_\_\_  
Full name (presently) if different from above

\_\_\_\_\_  
Student No. (if applicable)

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Address while attending if different from above

\_\_\_\_\_  
Dates of Attendance

\_\_\_\_\_  
Social Security No.

**TO THE STUDENT REQUESTING THE TRANSCRIPT**

Most institutions require the payment of a fee (usually no more than \$3.00 per transcript, but it is best to contact the institution and confirm the exact amount). You may save time by including your payment with this request. You should indicate your name as it was when you attended the institution above, if different from now.

**\*\*\*\*\*NOTICE\*\*\*\*\***

**THIS FORM IS TO BE MAILED BY THE  
STUDENT TO THE INSTITUTION(S).**