



TRANSCRIPT REQUEST FORM

Office of Graduate Admissions
215 University Center
Clayton State University, Morrow, GA 30260-0285

To Applicant:

Please complete this form and use it when requesting **two** official copies of your transcript from registrar(s) at U.S. colleges or universities.

Colleges or Universities must return the transcript(s) in unopened envelope(s) to the Office of Graduate Admissions. This form may be duplicated as needed. **Its use is especially important in matching transcripts of applicants who have had name changes.** This form may **NOT** be used to request Clayton State transcripts to be sent elsewhere.

To Registrar: _____
College or University

Please place this form and two official transcripts (bearing the signature of the registrar and the seal of the institution) in your letterhead envelope. Seal the envelope and sign across the seal. Return the envelope to the Office of Graduate Admissions at the address listed above. Thank you.

Name of applicant: _____

Social Security number: _____

Current address: _____

Email address: _____

Other names under which transcripts may be found: _____

Dates of attendance: _____

Signature of applicant: _____
