



Transcript Request Form

Valdosta State University — Graduate School
Valdosta, GA 31698-0005

To Applicant

Please complete this form and use it to request one official copy of each transcript from your college or university registrar(s). These transcripts should be placed by you (in their original sealed envelopes) in the application packet and mailed to the address listed above. This form may be duplicated as needed.

To Registrar _____

Please send one official transcript (bearing the signature of the registrar and the seal of the institution) to the address listed below.

Name of Applicant _____

Social Security Number - -

Current Address _____

Other names under which transcripts may be listed _____

Dates of Attendance _____

Signature of Applicant

Date



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