

Central Georgia Technical College Request for Transcript

The student listed below would like to request that an official transcript record be sent to the address below:

Central Georgia Technical College
Attention: Office of Admissions
3300 Macon Tech Drive
Macon, GA 31206

Date: _____

Name (printed): _____

Date of Birth: _____ Social Security Number: _____

Your name at the time you attended (if different than above):

Date Last Attended: _____

Home Address: _____

Telephone Number(s): _____

Signature: _____

Please enclose a copy of this form with the official transcript record.