

Savannah State University

Office of the Registrar
Box 20479, Savannah, GA 31404
(912) 358-4153- Telephone
(912) 353-5014- Fax
registrar@savannahstate.edu

Transcript Request Form

Name (please print): _____
Last First Middle

Student ID Number: _____ -- _____ -- _____ Date of Birth: ____/____/____
mm/dd/yyyy

Dates of Attendance: From _____ to _____ Graduation Date: _____

Other Names Used: _____

Contact Information

Street Address Apartment #

City State Zip Code

Phone Number (include Area Code)

Email Address @

Number of Transcripts Requested: _____ Amount (\$4 each): \$ _____

Type of Transcripts Requested (please check one): ___ Official ___ Unofficial

*A \$4 fee is charged for each copy of your official or unofficial transcript. Cash and debit/credit cards are accepted if paying at Cashier's Office. Please include a Money Order or Cashier's Check with your Transcript Request for mailing. Personal Checks are not accepted.

Hold Request until the Following is Posted:

____ Current Grades
____ Grade Change Course No. & Title _____ Semester _____
____ Degree Recorded Degree & Date _____
____ Other (please specify) _____

Mail To (Please indicate address where transcripts are to be sent) or write PICK UP if you would prefer to pick them up or SAME AS ABOVE if you would like them mailed to you at the address already given)

Signature: _____

Today's Date