

**School of Public Health
Transcript Request Form**



Applicant: This form may be photocopied as needed. Complete and forward to your school's Registrar's office.

Number of copies of transcript (circle one): 1 2 (Applicant: see instructions)

Full Name _____
Last First Middle/Former

Mailing Address _____
Number/Street

City State Zip

Social Security Number ____ -- ____ -- ____ College/University _____

Dates of Attendance _____ Degree(s) Year(s) Earned _____

I authorize release of the official transcript of my academic record at the institution named above for submission to the School of Public Health, Office of Academic Assistance and Career Services, Georgia State University.

Signature of Applicant Date

To the Registrar: This person is applying for admission to graduate study in the Uej qqr'qh'Rwdrl'e'J gcnj 'at Georgia State University. We use a self-managed application process in which the applicant submits all transcripts, applications and other documents to us in a complete packet.

Please enclose this form with his or her official transcript in your envelope and either sign or place your institution's seal on the back flap of the envelope. Please mail the transcript to the applicant, who will submit it unopened to us in the complete application packet. Thank you.

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