Georgia State University | SCHOOL OF PUBLIC HEALTH

Transcript Request Form

Applicant: This form may be photocopied as needed. Complete and submit to your school's Registrar 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 Institute of Public Health, Graduate Admissions/Georgia State University/ P.O. Box 5060/Atlanta, GA 30302.

_____ _____
Signature of Applicant Date

To the Registrar: This person is applying for admission to graduate study in the Institute of Public Health 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.

---------- CUT ALONG DOTTED LINE ----------

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