WIREGRASS
GEORGIA TECHNICAL COLLEGE

REQUEST FOR TRANSCRIPT

Name of High School/College _____

Address or P.O. Box_____

City, State, Zip Code _____

Student is responsible for all costs associated with transcript requests

Please send an official transcript to (*check appropriate campus*):

☐ **Valdosta Campus** Attn: Admissions Office Wiregrass Georgia Technical College 4089 Val-Tech Road Valdosta, GA 31602 Fax (229) 333-2153	☐ **Douglas (Coffee) Campus** Attn: Admissions Office Wiregrass Georgia Technical College 706 West Baker Highway Douglas, GA 31533 Fax (912) 389-4308	☐ **Fitzgerald (Ben Hill-Irwin) Campus** Attn: Admissions Office Wiregrass Georgia Technical College 667 Perry House Road Fitzgerald, GA 31750 Fax (229) 468-2110
☐ **Cook County Workforce Development Center Campus** Attn: Admissions Office Wiregrass Georgia Technical College 1676 North Elm Street Sparks, GA 31647 Fax (229) 549-6286	☐ **Moody Air-Force Base Extended Campus** Attn: Admissions Office Wiregrass Georgia Technical College 23rd FSS/FSDE 3010 Robinson Road Moody AFB, GA 31699-1518	

Student Information:

Name _____
Last First MI Former/Other Names Used

SS# _____ Date of Birth_____ Last year attended_____

Student Address _____

City, State, Zip _____ Student Phone # _____

Student Signature _____ Date_____

****Please attach this form to the official transcript****
*****Transcripts must be received in a sealed envelope to be considered official*****
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