

<sup>1885</sup>  
**Reinhardt College**

**TRANSCRIPT REQUEST FORM**

All financial obligations and record holds from the College must be met before an official transcript is issued. Please complete and sign this request and return in person, fax, or by mail to the following address with the applicable processing fee. Please allow up to 5 days for processing.

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other names under which your records **may** be listed \_\_\_\_\_

Student I.D. Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **OR** Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PHONE NUMBER** ( \_\_\_\_ \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**HOME ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently enrolled at Reinhardt? Yes \_\_\_\_ No \_\_\_\_ **If no, last year enrolled** \_\_\_\_\_  
Transcript should be (Check one)  Prepared Now  Held for current term grades  
 Held until degree date conferred is posted  Held until withdrawal from school is processed

Number of copies requested \_\_\_\_\_  Student pick-up  Mail to following address:

**SENDING ADDRESS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions concerning the request of an academic transcript, please contact the Office of Records, Registration and Advisement at (770) 720-5534. **Please pay the required \$5.00 fee per transcript at the time of request.** For convenience, a phone payment along with a faxed request is an option (please see below).

**Address: Office of Records, Registration and Advisement  
7300 Reinhardt College Circle  
Waleska, GA 30183-2981  
Fax: (770) 720-5913**

**\*\*\*PLEASE SELECT YOUR PAYMENT OPTION\*\*\***

- Phone or office payment with the Business Office by Visa or MasterCard. Call 770-720-5520, or visit the Business Office for details.
- Cash, check, or money order payment will be included by mail or in office with this request form.

***\*I hereby authorize Reinhardt College to release my official transcripts according to the above selections. (SEE BELOW)***

\_\_\_\_\_  
(Signature) (Date)

**→ Student Signature authorizes release of transcripts.**  
**\*\*By signing this form, permission is given to the Records Office to update student address information as provided above.**

Office Use Only	
Date Sent _____	Initials _____
Amount Paid _____	
<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card