



Transcript Request
 Office of the Registrar
 7300 Reinhardt Circle
 Waleska, GA 30183
 Fax: 770-720-5913
 email: transcripts@reinhardt.edu

REGISTRAR'S OFFICE USE ONLY	
PAID <input type="checkbox"/>	AMOUNT _____
REGISTRAR DATE STAMP _____	
TRANSCRIPT PRINTED	
INITIAL _____	DATE _____

All financial obligations and records holds from the University must be met before an official transcript is issued. Please complete and sign request and return in person, email, fax or by mail to the address above with the applicable processing fee. Allow up to 5 days for processing.

PLEASE PRINT CLEARLY AND FILL IN ALL PORTIONS OF THE FORM

STUDENT INFORMATION

_____	OR	XXX-XX-_____	_____
Student #		Social Security # (last 4 digits)	Year of Birth
Name: Last _____		First _____	MI _____
		Other last names which your records may be listed _____	
Current Home Address _____		Phone (Day or Cell) _____	
City _____	State _____	Zip _____	<input type="checkbox"/> Current Student <input type="checkbox"/> Alumni <input type="checkbox"/> Former Student

TRANSCRIPT REQUEST

Quantity <input type="checkbox"/> Official (\$5 per transcript) <input type="checkbox"/> Unofficial (No Charge) Please choose: <input type="checkbox"/> Mail <input type="checkbox"/> Pick up <input type="checkbox"/> Hold for current term grades <input type="checkbox"/> Hold for degree posting	Please print name and full address of recipient. _____ Name of Institution _____ Dept. or Person _____ Street Address _____ City _____ State _____ Zip _____
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If you have any questions concerning the request of academic transcript, please contact the Registrar's Office at 770-720-5534. Please pay the required \$5.00 fee per transcript at the time of request.

- Payment Methods:
- 1) To pay via phone call the Business Office at 770-720-5520.
 - 2) To pay by mail or in person, include payment with transcript form.

**I hereby authorize Reinhardt University to release my official transcripts according to the above selection*

 Student Signature authorizes release of transcripts. Date

*By signing this form, permission is given to the Registrar's Office to update student address as provide above.

Please note, electronic signatures will not be accepted.

IF PAYMENT IS NOT RECEIVED WITHIN 30 DAYS OF RECEIPT OF THIS FORM, THE FORM WILL NO LONGER BE VALID