

**College of Health and Human Sciences  
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 College of Health and Human Sciences, Graduate Admissions, Georgia State University.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**To the Registrar:** This person is applying for admission to graduate study in the College of Health and Human Sciences 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 -----

**College of Health and Human Sciences  
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 College of Health and Human Sciences, Graduate Admissions, Georgia State University.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**To the Registrar:** This person is applying for admission to graduate study in the College of Health and Human Sciences 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.