



REQUEST FOR OFFICIAL TRANSCRIPT

COLUMBUS STATE
UNIVERSITY
Registrar's Office
4225 University Ave
Columbus, GA 31907
Fax# 706.568.2462

NO FEE FOR OFFICIAL TRANSCRIPT

WHEN TO PROCESS TRANSCRIPT: (check one)

- Prepare Transcript Now Hold for current term grades Hold for degree to be awarded

STUDENT'S CURRENT INFORMATION	
Name: _____	
Address: _____	
City, State & Zip Code: _____	
Phone #: _____	

- Check here if this is your current address and would like your records updated.

Student's Social Security # or CSU ID#: _____

Last term attended: _____

NOTE: If you were enrolled from 1958-1997 your history may not have been updated. This could potentially increase processing time (up to 5 days).

- Check here if you have graduated from CSU.

Name on record if different from present name: _____

Number of copies requested: _____

Transcript Delivery Method:

- Student will pick up. **Must present identification**
- Student authorizes _____ to pick up transcript. **Must present identification**
- Mail to address below (please print): *IF TRANSCRIPTS ARE TO BE SENT TO MORE THAN ONE ADDRESS, USE ADDITIONAL FORMS.*

- ✓ All financial obligations to Columbus State University must be satisfied before transcript is released.
- ✓ A transcript issued to a third party must be sent directly to that party by Columbus State University.
- ✓ Official transcripts sent directly to a student are marked "Issued to Student" and may not be accepted by a third party.
- ✓ Please allow two (2) business days for processing, except during peak periods when processing may take longer.
- ✓ A maximum of ten (10) transcripts per day will be issued.

YOU MUST SIGN

I authorize Columbus State University to release an official transcript of my academic record.

Student Signature: _____ Date: _____