



Standard Request for Transcripts / Test Score Reports

Print clearly or type.

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1. Student Information – Complete All Fields

Last Name: _____ First Name: _____
 Student ID / Social Security #: _____ Date of Birth: _____
 Current Address: _____ Phone: (____) _____
 City: _____ State: _____ Zip: _____
 Email Address: _____

2. Order Information - Choose One Option

Standard Request for Transcripts
 Attended NGTC - Test Scores are INCLUDED on Transcripts
\$5.00 per copy
 Number of transcripts requested: _____
 Total payment enclosed: _____

Standard Request for Test Score Reports
 Tested at NGTC, did NOT Attend - Test Scores ONLY
\$5.00 per copy
 Number of test score reports requested: _____
 Total payment enclosed: _____

3. Delivery Options - Choose One

Mail to address indicated below

Site / Person

Address 1

Address 2

City State Zip

Deliver to receptionist / I will pickup
Photo ID is required
 Indicate Campus:
 Clarkesville (Clegg Building)
 Blairsville
 Currahee
NGTC will call when documents are ready

Fax to the number listed below
Test Score Reports ONLY
 Transcripts cannot be faxed

Site / Person

Fax Number

4. Student Signature: _____ **Date** _____
 (Required by Federal Law)

5. Mail form and payment to:

North Georgia Technical College
 Office of the Registrar
 PO Box 65
 Clarkesville, GA 30523

- Make checks or money orders payable to NGTC.
- Cash is accepted but mailing cash is not recommended.
- Sealed envelopes containing forms and payment may be submitted to receptionists on any NGTC campus.
- Standard requests for transcripts or test score reports are processed within 5 business days.

NGTC Use Only Paid (amount) _____

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