



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

# REQUEST FOR OFFICIAL TRANSCRIPT

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

<b>STUDENT'S CURRENT INFORMATION</b>
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: \_\_\_\_\_