



INSTRUCTIONS

This form is required to request a transcript on behalf of a current or former UGA student. A signed **Permission to Release Educational Information** or equivalent must accompany this request. Payment in the form of a money order or corporate check in the amount of \$8.00 per transcript made payable to the University of Georgia must accompany this request. Please use a separate form for each recipient.

STUDENT INFORMATION

Student Name *

Student Name While Attending *

Year Graduated or Last Attended *

Degree Received or Degree Sought *

Date of Birth *

Current Email Address *

REQUESTER INFORMATION

Name *

Institution/Organization *

Delivery Email Address for Electronic Transcript *

DELIVERY ADDRESS FOR PHYSICAL TRANSCRIPT

Street Address *

Apt

City *

State *

Country *

Zip Code *

NOTE: Please allow 6 to 13 business days for processing and delivery.

FERPA GUIDELINES

By signing below, I have read and agree to abide by UGA's guidelines on FERPA. Transcripts cannot be released without the Student Information and a signed Permission to Release Educational Information included in this request.

Requester Signature *

Date *

Revised January 2026