

**Office of Admissions and  
Office of Recruitment**

Phone (706) 568-2035  
4225 University Avenue  
Columbus, Georgia 31907-5645



**COLUMBUS STATE**  
UNIVERSITY

FAX (706) 568-2462  
Toll free: (866) 264-2035  
[www.colstate.edu](http://www.colstate.edu)

**MEMORANDUM**

**TO:** Applicants to Columbus State University

**FROM:** Susan Lovell  
Director of Admissions

**SUBJECT:** Transcript Request Form

Before you can be admitted to Columbus State University, the Office of Admissions must receive official copies of your transcript from each institution you have previously attended. Transcripts **MUST** be sent from each original institution to Columbus State University to be able to be considered official. Unofficial or student copies of transcripts are not acceptable.

The form on the reverse side is provided for your convenience. Complete one form for each institution you have previously attended. Send each completed form to the appropriate institution. Some schools require payment to release transcripts. **Contact each school to see if a fee is required for release of transcripts.**



**Columbus State University**  
Request for Official Transcript

To: \_\_\_\_\_ Date \_\_\_\_\_  
Name of College/University or High School

**Office of the Registrar/Student Records Section**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip + 4 Code

**I am making a formal application for admission to Columbus State University.**

**Please send an Official Copy of the Document Checked Below to:**

**OFFICE OF ADMISSIONS  
COLUMBUS STATE UNIVERSITY  
4225 UNIVERSITY AVENUE  
COLUMBUS GA 31907-5645**

\_\_\_\_\_ **HIGH SCHOOL TRANSCRIPT. Date graduate(d) from school** \_\_\_\_\_

\_\_\_\_\_ **GED Scores.**

\_\_\_\_\_ **COLLEGE TRANSCRIPT. Last enrolled in institution:** \_\_\_\_\_

\_\_\_\_\_ **Hold for current grades:**

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Social Security number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name on record if different from present name: \_\_\_\_\_

**If there are any fees involved, please advise me at the address below:**

Signature of Student \_\_\_\_\_

Print Name ( First, Middle, Last) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip + 4 Code \_\_\_\_\_