



ABRAHAM BALDWIN AGRICULTURAL COLLEGE

Enrollment Management

ABAC 4, 2802 Moore Highway Tifton, Georgia 31793-2601
www.abac.edu • Fax 229-391-5002

TRANSCRIPT REQUEST FORM

We are providing this form to help simplify the procedure of requesting your transcripts from previous high schools/universities that you have attended. Using this form will help to ensure that your transcripts are sent to the appropriate office at Abraham Baldwin College.

You must submit **OFFICIAL COPIES** of your transcripts from each college/university you have attended. Your request must be written and must contain your signature. You may need to contact the college/university to find out whether there is a transcript fee. If they do charge a fee, be sure to enclose your check or money order with this request. Be sure to fill in all the blanks.

To: Office of the Registrar

_____ (Name of High School or University)

_____ (High School or University address)

Please send an official copy of my transcript to:

OFFICE OF ENROLLMENT Management
ABRAHAM BALDWIN COLLEGE
ABAC 4, 2802 MOORE HWY.
TIFTON GA 31793-2601

Dates of enrollment: _____

Name(s) under which you were enrolled: _____

Social Security Number: _____

Daytime Telephone Number: _____

Email Address: _____

Signature: _____ Date: _____