



Abraham Baldwin
AGRICULTURAL COLLEGE
University System of Georgia **TIFTON, GEORGIA**

Office of Enrollment Services
 www.abac.edu

ABAC 4, 2802 Moore Highway
 Tifton, GA 31793-2601
 Telephone (229) 391-5004
 1-800-733-3653
 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 SERVICES
 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: _____