

# TRANSCRIPT REQUEST FORM – High School/GED

## ASHWORTH COLLEGE – TRANSCRIPT PROCESSING

P.O. Box 923087, Norcross, GA 30010-3087

### TO THE STUDENT

- Fill out this form as soon as you can.
- Send the completed form to the high school where you graduated. If you are required to pay a fee for this service, please send it with this form to avoid a delay.

**DO NOT SEND YOUR COMPLETED FORM TO US!**

Student's Name: \_\_\_\_\_

Circle One: Male / Female

Ashworth College Student Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Phone: \_\_\_\_\_

**Maiden Name (or former name, if applicable):** \_\_\_\_\_

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Name of GED Program or  
Name of High School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Enrolled from \_\_\_\_\_ to \_\_\_\_\_ School Phone: \_\_\_\_\_  
(Graduation Date)

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO THE HIGH SCHOOL/GED REGISTRAR

1. Please send a copy of the student's transcript showing courses taken, grades received, credits earned (or test scores if GED was awarded), and when the student earned a diploma. No other information is necessary. If a fee is due for this service, please contact the student.
2. **EXTREMELY IMPORTANT:** Please write the Ashworth College student number (listed above) on the transcript, or send a copy of this form with the transcript.

Ashworth College – Transcript Processing  
P.O. Box 923087  
Norcross, GA 30010-3087

800-224-7234  
770-729-9389 fax