

Berry College

Office of the Registrar
P. O. Box 490400
Mount Berry, Georgia
30149-0400
(706) 236-2282

TRANSCRIPT REQUEST

ORDER ON LINE
www.getmytranscript.com

PLEASE PRINT CAREFULLY

Student - Full Name and Address

Former Name(s) _____

**SIGNATURE
(required)** _____

YOUR SIGNATURE AUTHORIZES THE PROCESSING AND RELEASE OF
YOUR TRANSCRIPT AS REQUIRED BY THE STUDENT RIGHT TO KNOW
ACT.

TELEPHONE: _____

EMAIL ADDRESS _____

Complete the following information:

Date of Request _____

Student Number _____

Date of Birth _____

Social Security Number _____

Number of copies requested _____

Currently enrolled? _____ yes _____ no

If no, date last attended _____

Allow 2-5 business days for processing.

Transcript to be issued _____ now
_____ end of term

INSTRUCTIONS

1. Please print all information.
2. Complete one form for each different recipient or address.
3. **FORM MUST BE SIGNED.**

Please check one.

Official copy

Unofficial copy

Did you attend Berry as:

Undergraduate

Graduate

OR BOTH

(Please provide a final destination for official transcripts.)

Student will pick up

_____ a.m. or p.m.
Date (Circle one)

Where do you want transcript
mailed? Please check one.

Send to Student's Address

Send to Final
Destination

Final Destination of Transcript: (Name & Address)

Unofficial Copy for Current Students: Free @ VikingWeb
Unofficial Transcript for Previous Students: \$7 each
Official Transcript: \$7 each
Fee change effective June 23, 2011

**Requests submitted by paper must have payment attached.
Orders of 6 or more paid with check will be processed AFTER
check has cleared.**

If mailing this request send to:
Registrar's Office
Berry College
PO Box 490400
Mount Berry GA 30149-0400

For Office Use Only

Transcript fee: ___ Cash ___ Check ___ Money Order

Paid \$ _____

Due \$ _____

Transcript mailed: _____