

HIGH SCHOOL/POST SECONDARY TRANSCRIPT REQUEST

Please complete and send to the high school and/or colleges you attended.

Please send an official transcript to (please check appropriate campus):

	 North Campus Oconee Fall Line Technical College Office of Admissions 1189 Deepstep Road Sandersville, Georgia 31082 	 South Campus Oconee Fall Line Technica Office of Admissions 560 Pinehill Road Dublin, Georgia 31021 	I College
то:	Name of high school or postsecondary institution attended:		
	Address:		
	City:	State:	Zip Code:
FROM	: Name:		
	Your name at the time you attended (if different from above):		
	Mailing Address:		
	City:	State:	Zip Code:
	Social Security Number:	Date of Birth:	//
	Dates of Attendance: to	Date of Graduation:	//
PLEASE FORWARD AN OFFICIAL COPY OF MY:			
	High School Transcript (Must have graduation date.)		
	College Transcript		
	udent's Signature: Date:		re:

Official Transcripts must be received in a sealed envelope with a seal and/or authorized signature. Faxed copies are not accepted.

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