



**OFFICE OF ADMISSIONS  
TRANSCRIPT REQUEST FORM**

**Prospective Student:** To arrange to send us your high school and/or college transcripts, please complete and sign this form and give it to your high school guidance counselor and/or college/university registrar to request that your records be forwarded to Thomas University.

Please check with the school(s) from which you are requesting transcripts to ensure this form covers all their requirements for transcripts requests.

I hereby grant permission for my high school or college to release my records to Thomas University.

**Name:** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Social Security Number:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Other Names, if different from above:** \_\_\_\_\_

---

**For the Guidance/Registrar's Office:**

The above-named student has applied/is applying to Thomas University. Before we can complete our review, we need a transcript from your institution. Please send the transcript to the address listed below:

**Address:** Thomas University  
Office of Admissions  
1501 Millpond Road  
Thomasville, GA 31792-7499

**Fax Number:** (229) 227-6888  
Attn: Office of Admissions

Please include the date (or anticipated date) of graduation and degrees conferred, along with any cumulative data such as class rank and GPA if available. If the student is currently enrolled at your institution, please provide a list of courses in progress. Thank you.