



UNIVERSITY OF ATLANTA

5522 New Peachtree Road, Suite 114, Chamblee, GA 30341 – USA
Phone no. 1-877-325-9538 email uofa@uofa.edu
Website WWW.UOFA.EDU

OFFICIAL TRANSCRIPT REQUEST FORM

Details

School Name:		
School Address:		
City:	State:	Zip/Postal:
Country:		

To whom it may concern:

I am preparing to enroll into the University of Atlanta. Please forward an official or certified copy of my transcript to the University of Atlanta.

PLEASE NOTE:

- Transcript must be in English
- For universities abroad please provide a letter on your institution’s letterhead indicating the medium of instruction at your institution is in English. UofA requires college-level proficiency in English when the student’s native language is not English.

If your institution requires a processing fee please contact University of Atlanta via phone at +1-877-325-9538 or via email at registrar@uofa.edu. Please forward an official certified copy of my transcript to the University of Atlanta at the address provided below.

Mail to:
REGISTRAR
University of Atlanta
5522 New Peachtree
Road, Suite 114,
Chamblee, GA 30341,
USA

Student Information

Please identify yourself based on the information you used at the time of enrollment. Institutions need this information to identify your records. If you attended multiple schools, please complete this form for each school attended.

Student Name:	Date of Birth:
Year I started school:	Year I withdrew or completed school:

The university’s Division of Student Affairs will facilitate requesting original documents from your previously attended school or institution provided the mailing address is correct and complete to ensure proper delivery of this document to your school. Receipt of official transcripts is required within 90 days of enrollments and remains ultimately the student’s responsibility.

Signature: _____ **Date:** _____

For University Use Only

Transcript Requested by:	
Student ID Number:	Date Requested:
Transcript Fee:	