



OCONEE FALL LINE TECHNICAL COLLEGE

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 Technical College
Office of Admissions
560 Pinehill Road
Dublin, Georgia 31021

TO: 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

Student's Signature: _____ Date: _____

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

OFTC is a unit of The Technical College System of Georgia and an Equal Opportunity Institution.