Transcript Request Form
Oglethorpe Financial Planner Program

4484 Peachtree Road, N.E., Atlanta, GA 30319, Goodman Hall
Telephone: 404-364-8373 ~ Fax: 404-364-8516

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Step 1 - Print the form
Step 2 – Write/type the required information in the spaces below
Step 3 - Sign the form
Step 4 - **Mail to:** Oglethorpe University, Financial Planner Program, 4484 Peachtree Road, N.E., Atlanta, GA 30319 or **Fax to**: (404) 364-8516

_____/_____/_____
Today's Date mm/dd/yyyy

Name while attending Oglethorpe or Financial Planner Program

_____
Last First Middle

_____
Name if different from above Last First Middle

_____
Street (Local Address)

_____
City **State** **Zip Code** **Telephone No.**

_____ _____
Cohort Number **Email Address**

☐ I am Currently Enrolled OR Date of Last FPP Course at Oglethorpe: _____

☐ Mail transcript(s) immediately ☐ Hold for Pick-Up in FPP Office # _____ Copies

Please mail transcript(s) to the following address:

_____

_____

_____

_____

Total Number of Transcripts Ordered: _____

☐ Enclosed is a check / money order for $ _____ ($10 per Transcript)

_____
Signature of Student (required)