



Transcript Request

Complete this form and return to the Office of the Registrar, PO Box 96, Young Harris, GA 30582. Transcript requests are \$7.00 if you are not currently enrolled. Transcripts will not be released until all student accounts and fees are paid. Transcripts may also be requested online at www.yhc.edu.

STUDENT INFORMATION

Name _____
Last First Middle

Name during attendance at YHC, if different from above _____

YHC ID Number _____ Date of Birth _____

Current Address _____

Phone Number _____ Email _____

Are you currently enrolled at YHC? Yes No If no, when did you last attend YHC? _____

TRANSCRIPT ORDER INFORMATION

Check one: Issue Now. Issue at the end of the term.

I would like to pick up _____ copy/copies

Mail Transcript to the Following: (Allow three to four business days for processing)

Number of Copies _____

Recipient's Name: _____

Address: _____

City, State, Zip: _____

Young Harris College sends official transcripts electronically through the eSCRIP-SAFE secure network to participating schools.. **This service is ONLY available for students who began attendance at YHC in the fall 1993 to present. If you attended YHC prior to fall 1993 only a paper copy of your transcript is available.**

Please **DO NOT SEND** Transcript Electronically via eSCRIP-SAFE

Outside of SCRIP-SAFE network Receiving parties outside of the SCRIP-SAFE network will determine whether or not they will accept it as official. Be certain the intended recipient is aware of the delivery method and will accept this format as official prior to requesting.

Recipient's Name _____

Email Address _____

Provide your email address for confirmation of electronic delivery _____

Signature _____ Date _____

*Federal law requires the student's signature to release transcripts.

For internal use only: PAID _____

HOLDS _____ Cleared _____

Date processed _____ Initials _____