

Print clearly or type.

Student Information – Complete All Fields (print clearly or type)		
lame: Former Last Name (if any):		
Student ID # or last 4 digits of Social Security #:		Date of Birth:
Current Address:		
City: State: _	Zip Code:	Phone:
Email Address:		
Order Information		
Number of Test Score Reports Requested (\$10 per copy):		Total payment enclosed:
Deli	very Options (choose o	one)
1. □ Mail to address indicated below:	 2. Deliver to receptionist/I will pick up: photo ID is required Indicate campus: Clarkesville (Clegg Building) 	
Address	□ Blair □ Curr	sville
City State Zip		vill call when the report is ready)
3. 🗆 Fax to the following: Name: Fax #:		ail to the following address:
Student Signature:	Da	ite:
North Georgia Technical College Office of the Registrar PO Box 65 Olardeautille OA 20502	TC campus.	

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