

TRANSCRIPT RELEASE FORM

Office of Admissions
Toccoa Falls College
107 North Chapel Drive
Toccoa Falls, GA 30598
Phone: (888)785-5624
Fax: (706) 282-6012
Email: admissions@tfc.edu



Student Applicant:

Please complete and return to your Toccoa Falls College admissions counselor or give this record release form to your high school counselor.

Please Print Legibly

Last Name: _____ First Name: _____ Middle Initial: _____

Previous Name(s): _____ Social Security #: _____ Date of Birth: _____

Address: _____
(Street)

(City) (State) (Zip Code) (Country)

Home Phone: _____ Cell Phone: _____ Email Address: _____

Information of High School/GED Testing Office Attended

Name of High School/GED Testing Office: _____

Address: _____
(Street)

(City) (State) (Zip Code) (Country)

Date of Attendance: From: _____ To: _____ Date of Graduation or GED: _____

I hereby request and authorize you to forward my transcript to Toccoa Falls College.

I do also authorize Toccoa Falls College to make further transcript requests on my behalf.

Please send my transcripts to:

**Toccoa Falls College
Office of Admissions
107 North Chapel Drive
Toccoa Falls, GA 30598**

I also authorize a faxed copy of my transcript be sent to Toccoa Falls College Office of Admissions at (706) 282-6012

Student's Signature: _____ **Date:** _____