

# Transcript Request

## For the student to complete.

Please complete the information below and then give this form to your high school counselor right away.

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address \_\_\_\_\_  
NUMBER AND STREET

CITY STATE/PROVINCE ZIP/POSTAL CODE

Name of High School \_\_\_\_\_

CITY STATE/PROVINCE

## For the high school counselor to complete.

We appreciate your prompt assistance in forwarding this student's official transcript.

Counselor Name \_\_\_\_\_

Please mail this completed form along with the following two items to the address shown below:

- 1) Official high school transcript
- 2) SAT or ACT test scores

Office of University Admissions  
Mercer University  
1400 Coleman Avenue  
Macon, Georgia 31207-0001

You may also fax this form and the materials mentioned above to:

Mercer University  
(478) 301-2828

**Note:** We will require official transcripts prior to matriculation.

**Thank you!**

SAT college #5409  
ACT college code #0838

MERCER  
UNIVERSITY

MACON, GEORGIA