

MERCER UNIVERSITY

Transcript Request

FOR THE STUDENT

Please complete the information below and then give this form to your High School Counselor.

Name _____
FIRST MIDDLE LAST

Home Address _____
NUMBER AND STREET APARTMENT NUMBER

_____ CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Name of High School _____

_____ CITY STATE/PROVINCE

FOR THE HIGH SCHOOL COUNSELOR

We appreciate your assistance in forwarding this student's official High School Transcript.

Counselor Name _____
FIRST MIDDLE LAST

Counselor Email Address _____

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
1501 Mercer University Drive
Macon, Georgia 31207-0001

You may also fax* this form and the materials mentioned above to 478.301.2828.

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

