



Office of the Registrar
 Summerville Campus
 Rains Hall
 (706) 446-1430
 registrar@augusta.edu

MCG GRADUATE DOCUMENT REQUEST

PART 1: CURRENT STUDENT INFORMATION

First Name: _____ Middle Initial: _____ Last Name: _____ Student ID: _____
 Date of Birth (MM/DD/YYYY): _____ Last Four of SSN: _____ Graduation Year: _____
 Email Address: _____ Phone Number: _____

PART 2: REQEUST INFORMATION

Choose the type of request below, then the appropriate delivery option.

Certified Diploma **Diploma Translation** **MSPE (Dean's Letter)** *Please note, a MSPE (Dean's Letter) cannot be sent to the alumni.

| Delivery Options | | |
|--|---|---|
| <p>ERAS Your request will be sent to MCG Academic Affairs for processing.</p> | <p>Standard Mail</p> <p>_____</p> <p>Attention</p> <p>_____</p> <p>Street Address</p> <p>_____</p> <p>City, State, Zip</p> | <p>Email</p> <p>_____</p> <p>Email Address</p> |

Special Request: _____

PART 3: REQUIRED SIGNATURES

By signing this form, I give consent and authorize AU Registrar's Office to release the documents noted above to the designated person or organization listed above.

_____ Student Printed Name

_____ Student Signature

_____ Date