# Georgia PSC Professional Learning Unit Transcript – Revised April 2009
## Two Peachtree Street, Suite 6000, Atlanta, Georgia 30303-3141

**Please Use Black Ink or Type**

**Title** ☐ Mr ☐ Ms ☐ Dr **Last name**

**First name** **Middle or Maiden Name**

**Social Security Number** ___ - ___ - ____ **Date of Birth (MM/DD/YY)** __ / __ / __

**PLU Provider Code**

**PLU Provider Name (Must be Completed):**

| PLU Course Number | PLU Course Title | Completion Date | # of PLU Credits |
|---|---|---|---|
| | | | |

**I affirm that all of the information shown on this form is accurate to the best of my knowledge.**

**Name of Superintendent or Designee (Please print/type)**

**Signature**

**Title**

**Date**

**Name of Institution/Agency (Please print/type)**

**Mailing Address**

**City, State, Zip**

**Phone number**

**NOTE: ALL FIELDS MUST BE COMPLETED IN ORDER FOR THE FORM TO BE ACCEPTED.**