

Transcript Request Form

4150 Administration Drive, Berrien Springs, MI 49104-0800
 transcripts@andrews.edu Phone: 269-471-3443 Fax: 269-471-6001

ANDREWS UNIVERSITY GRIGGS (OWNED AND OPERATED BY ANDREWS UNIVERSITY)

SCHOOL OF ED DISTANCE LEARNING USE THIS LINK:
www.andrews.edu/sed/pdc/resources/word_transcript_form.pdf

Required Student Information

PLEASE TYPE OR USE BLACK INK

DATE: _____

Name: _____
First Middle Last

DOB required, Social Security optional

Former Name (if any): _____

Student ID: _____

Street Address _____

DOB: _____
Month / Day / Year

City State Zip/Postal Code COUNTRY

Social Security #: _____

Phone Number: _____

Email Address: _____

Type of Request and Processing

*Transcripts, processing, and shipping are free unless using expedited services.
 PLEASE NOTE: We **do not** currently offer transcripts via email.*

FAX REQUEST (Unofficial Only)

- ▶ Attn: _____
- ▶ Fax Number: _____
- ▶ Country: USA

PURPOSE OF TRANSCRIPT

- Employment
- Admission to another school
- Other (Personal use, scholarships, etc.): _____

PICK-UP REQUEST (Photo ID Required at counter)

- ▶ Number of Copies: _____
- ▶ I authorize _____ to pick up my transcript
(Picture ID Required at counter)

SPECIAL INSTRUCTIONS

- Release **after** current term grades are posted
- Release **after** degree is posted
- Other: _____

MAILING REQUEST

- ▶ **To Student Mailing Address Above:** _____ (Number of Copies)
 Regular Domestic Mailing – NO FEE
- ▶ **To Address Below:** _____ (Number of Copies)
 Regular Domestic Mailing – NO FEE

EXPEDITED SERVICES

The transcript will be processed with regular services. If you would like expedited shipping or expedited processing services please use the form at the following url instead of this form. You will be redirected to formstack.com to fill out the form.

<http://bit.ly/1WvAnU5>

Recipient: Lileth Coke

Address: Atlantic Union Conference

PO Box 1189

S Lancaster MA 01561 USA
City State Zip/Postal Code COUNTRY

REQUIRED SIGNATURE: _____