

**ANDREW COLLEGE**

Office of the Registrar  
501 College Street  
Cuthbert, GA 39840  
Phone: 229.732.5931

**Transcript Request  
Form**

To request a transcript, print this form, fill it out, and then mail it along with your payment to the address above. Please take note of the following information before completing this form:

1. There is a \$2.00 charge for each request (\$5 charge for "rushed" transcripts)
2. No transcript will be furnished until all financial obligations to the college are satisfied
3. Fill out separate requests for each address

Year Entered Andrew College: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Name while attending Andrew: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SEND TRANSCRIPT TO:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check Appropriate Box:**

\_\_\_\_\_ Send transcript now

\_\_\_\_\_ Hold for final grades

Signature: \_\_\_\_\_

Request **MUST** be signed in order to be processed

**PRINT THIS FORM OUT AND MAIL IT TO THE ADDRESS ABOVE, ALONG WITH YOUR PAYMENT.**

**THANK YOU!**