

Transcript Request Form

Each transcript is \$10.00. Payment must be paid at time of the request. Requests for transcripts typically are processed within five (5) business days, and up to seven (7) business days for records before 1998. Transcripts that are needed on a rush basis for pick up are \$20.00 per copy and will be processed within 24 hours of receipt of request. Transcript requests will not be processed until all financial obligations to the college are satisfied. Please complete a separate request for each recipient.

PLEASE COMPLETE ALL FIELDS BELOW

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name While Attending School	Social Security #	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Year(s) of Attendance	Student ID No. (If known)
<input type="text"/>	<input type="text"/>

Current Address

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone #	Email
<input type="text"/>	<input type="text"/>

Signature	Date
<input type="text"/>	<input type="text"/>

Mail To:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

- SEND NOW**
- HOLD for PICK UP**
(Additional fees apply)
- HOLD for FINAL GRADES**

FOR OFFICE USE ONLY:

Date Received: _____ Cash/MO Amount: _____
 Date Completed: _____ Check Amount: _____
 No. of Copies: _____

ANDREW COLLEGE
 Office of the Registrar
 501 College Street
 Cuthbert, GA 38940