

Transcript and Test Score Request*

Student's Name _____
Last First Middle Maiden

Date of Birth _____ Last 4 digits Social Security # _____ Andrews I.D.# _____

Current Address _____

Phone _____

This is a request for documented copies of Andrews Academy records, which include grades, credits, and standardized test scores to be sent as indicated below. Prepare for the following school/institution:

- Mail directly to the school/institution Fax an additional copy (\$10.00)
 Hand to the Vice Principal Hand to the Guidance Counselor
 Issue to the student/parent
 at the counter mail to this address

Hold this request so transcript will include credits for the current semester? yes no

Preparation Time	Fee	# of Copies	Subtotal
3-10 days	\$5.00		
Within 48 hours	7.00		
Immediate / Fax	10.00		
Grand Total			

* *The Records Office must clear each transcript request with Student Accounts. Transcripts will not be sent if there is an unpaid account.*

Authorization Signature of Applicant _____

Method of Payment:

- Cash
 Check # _____
 Visa MasterCard Discover

_____ (back) _____ Exp Date ____ / ____

For office use only:

- Sent as requested No transcript sent—Account Balance _____ No transcript sent—transcript fee due