

Andrews University

School of Education, Office of Distance Learning

Berrien Springs, MI 49104-0103

1.800.471.6210, odl@andrews.edu

ATTN: This form is used ONLY for *SED Distance Learning Courses: Canter, PLS, QEP, Teachscape, TOE, VESI

Date: _____

Please print YOUR NAME and mailing address below
(for use in a window envelope – include zip)

First (Maiden if applicable) Last

Street address

City State Zip

____ Number of Copies

Options:

Please FAX a **FREE** unofficial copy of my transcript to: _____

ATTN: _____

I would like you to place a sticker seal on the envelope

Send ____ transcript(s) to the address above and ____ transcript(s) to the address below

Other special instructions: _____

Important Information:

Student Signature

Phone Number

Last four digits of SS# or AU ID # if known

THERE IS A MINIMUM PREPARATION PERIOD OF 5 DAYS ON TRANSCRIPT REQUESTS UNLESS YOU PAY FOR 24 HOUR "RUSH" SERVICE WHICH IS A \$20.00 ADDITIONAL FEE

THERE IS A \$10.00 PER TRANSCRIPT FEE WHICH ONLY APPLIES TO THE INDICATED *PROGRAM PARTICIPANTS

OTHER OPTIONAL FEES:

Priority Mailing: \$10.00

Overnight Mailing: \$20.00

YOU MAY FAX YOUR REQUEST WITH CREDIT CARD INFORMATION TO: 269.471.3362

CREDIT CARD NUMBER

CC TYPE

EXPIRE DATE

AUTHORIZED SIGNATURE

____ #transcripts ordered x10.00 = _____

Regular USPS mailing = FREE

Priority mailing x 10.00 _____

Overnight mailing x 20.00 _____

RUSH Process of transcript Request (processed & put In the mail within 24 hrs) X 20.00 _____

TOTAL for this request _____

MAIL TO ADDRESS BELOW (IF DIFFERENT FROM ABOVE ADDRESS) PLEASE PRINT

