

Transcript and Test Score Request Form



Date _____ Last Name _____ First Name _____

Middle _____ Maiden _____

Street Address _____

City _____ State _____ Zip Code _____

Email Address _____ Phone _____

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

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 email 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		
Within 24 hours / 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. Contact AU Student Financial Records at collections@andrews.edu for further assistance.

Authorization Signature of Applicant _____

Method of Payment:

- Cash
- Check # _____
- Credit card

Please save and email this PDF to aaregistrar@andrews.edu. Or fax to 269-471-6368.

Call 269-471-6234 to pay by credit card.

For office use only:

- Sent as requested No transcript sent Account Balance - no transcript sent Transcript fee due