

# 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
  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  |             |          |
| 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](mailto:collections@andrews.edu) for further assistance.

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