

Distance Learning for the School of Education Professional Development Courses **Transcript Request Form**

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*Mail completed form to the above address –
or fax to: 269-471-3362

Authorized Signature

Required Student Information Ple	ease use dark ink	DATE:	
Name:		DOB required, social security optional	
First Middle Former Name: (if any)	Last	Student ID (if known)	
Street Address		DOB:	
City State	Zip	Social Security #:	
Required Signature:	•	Phone Number: Email Address:	
Type of Request and Processing	THERE IS A	A MINIMUM PREPARATION PERIOD OF 5 BUSINES	
Transcripts for those that took Professional Developmen Courses with the SED at AU are \$10.00 per copy. Unoffi are n/c FAX REQUEST (unofficial only)	generally p by check pl	DAYS ON TRANSCRIPT PROCESSING. Transcripts are generally processed Monday through Wednesday. If you pa by check please made your check payable to "Andrews University."	
ATTN:	тн	IERE IS A \$10.00 <u>PER</u> TRANSCRIPT FEE	
Fax Number: MAILING REQUEST To student mailing address above(number of copies) Regular US mail	Ov	OTHER OPTIONAL FEES: riority Mailing and handling: \$15.00 vernight Mailing and handling: \$25.00	
	YOU MA	AY FAX YOUR REQUEST WITH CREDIT CARD INFORMATION TO: 269.471.3362	
To Address indicated below(number of copies) Regular US mail	pies)	#transcripts ordered x10.00 =	
		Regular USPS mailing = FREE Priority mailing x 15.00	
Address:		Overnight mailing x 25.00	
City, State, Zip		OTAL for this request	
*E-transcripts now available by going to the Student clearinghouse site at https:www.studentclearinghouse.org	Cr	redit Card Number	
	CC	C Type Expiration Date	