

Andrews University

Office of the Registrar
Berrien Springs, Michigan 49104
TRANSCRIPT REQUEST
Fax Number: 269-471-6001

Date _____

Last term registered _____ Year _____

Print your Name and Mailing Address below. Please include the Zip Code.
This is needed for use in a window envelope, and for notification of date when transcript is mailed.

First	Middle	Maiden	Last
Street Address			
City	State	Zip	

In the space below please write any former name(s) you have had.

- ☐ Fax unofficial transcript: (_____) _____
- ☐ Attention: _____
- ☐ Transcript to be picked up.
- ☐ Mail transcript now
- ☐ Mail transcript after posting this term's grades
- ☐ Mail transcript after posting degree
- ☐ Please process using 24-hour service (a \$20 fee will be charged).
- ☐ Special instructions _____
- _____ Number of copies.

Address to which transcript should be sent (if different from your own address). Please print legibly and include the ZIP code.

If transcripts are to be sent to more than one address, please use one form for each address.

- There is a minimum preparation period of 5 business days on transcript requests.
- Transcripts may not be released until account and/or bank note is paid in full.
- Transcripts are free.
- Special 24-hour service fee is \$20.00. Add also the cost of any express delivery service requested.

Signature of Student

Andrews University ID Number

Social Security Number

Phone Number

Credit Card Information

Only needed if 24-hour or express delivery service is requested.

☐ Visa ☐ MasterCard ☐ Discover

____	____	____	____
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Credit Card Number

____/____

Expiration Date

Cardholder's Signature

For Office Use Only

Date transcript mailed	_____
Previous Balance	Dr/Cr\$ _____
This Request	\$ _____
Current Balance	Dr/Cr\$ _____
Paid \$	_____

*If you have a balance in your student and/or housing account, please contact Student Financial Services by phone at (269)471-3333 or email sfs@andrews.edu.