

Transcript Request Form

4150 Administration Drive, Berrien Springs, MI 49104-0800
 transcripts@andrews.edu Phone: 269-471-3443 Fax: 269-471-6001

ANDREWS UNIVERSITY GRIGGS (OWNED AND OPERATED BY ANDREWS UNIVERSITY)

Required Student Information

PLEASE TYPE OR USE BLACK INK

DATE: _____

Name: _____
First Middle Last

DOB required, Social Security optional

Former Name (if any): _____

Student ID: _____

Street Address _____

DOB: _____
Month / Day / Year

City State Zip/Postal Code COUNTRY

Social Security #: _____

Phone Number: _____

Email Address: _____

Type of Request and Processing

*Transcripts, processing, and shipping are free unless using expedited services. PLEASE NOTE: We **do not** currently offer transcripts via email.*

FAX REQUEST (Unofficial Only)

- ▶ Attn: _____
- ▶ Fax Number: _____
- ▶ Country: _____

PURPOSE OF TRANSCRIPT

- Employment
- Admission to another school
- Other (Personal use, scholarships, etc.): _____

PICK-UP REQUEST (Photo ID Required at counter)

- ▶ Number of Copies: _____
- ▶ I authorize _____ to pick up my transcript
(Picture ID Required at counter)

SPECIAL INSTRUCTIONS

- Release **after** current term grades are posted
- Release **after** degree is posted
- Other: _____

MAILING REQUEST

- ▶ **To Student Mailing Address Above:** _____ (Number of Copies)
 Regular Domestic Mailing – NO FEE
- ▶ **To Address Below:** _____ (Number of Copies)
 Regular Domestic Mailing – NO FEE

OFFICIAL OR UNOFFICIAL TRANSCRIPT

Official
 Unofficial

EXPEDITED SHIPPING

If you would like expedited shipping please contact the Office of Academic Records by email at transcripts@andrews.edu.

Recipient: _____

Address: _____

City State Zip/Postal Code COUNTRY

REQUIRED SIGNATURE: _____