

Transcript Request Form



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

Street Address _____

Month / Day / Year _____

City State Zip/Postal Code COUNTRY

Social Security #: _____

Phone Number: _____

Email Address: _____

FAX REQUEST (Unofficial Only)

X Attn: _____

X Fax Number: _____

X Country: _____

PURPOSE OF TRANSCRIPT

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

PICK-UP REQUEST (Photo ID Required at counter)

X Number of Copies: _____

X 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

X To Student Mailing Address Above : _____ (Number of Copies)
Regular Domestic Mailing ±NO FEE

X To Address Below : _____ (Number of Copies)
Regular Domestic Mailing ±NO FEE

EXPEDITED SHIPPING

if you would like expedited shipping please
FR Q W D K H L R H S F D G H S H L F R U E G V
H P D D W U D Q V F U L S W W # D Q G U H Z V H G

Recipient: _____

Address: _____

City State Zip/Postal Code COUNTRY