Transcript Request Form

Date ________________  ANTS ID # ________________

A transcript request should be submitted at least one week in advance of the date on which it is needed and at least two weeks in advance during registration and grading periods. The Family Educational Rights and Privacy Act of 1974 requires that all transcript requests be in writing, signed and dated by the person to whom the record belongs. Requests will be processed as quickly as possible in the order of application.

Please type or print legibly.

Personal Information:

Class Year or Dates of Attendance ___________  Date of Birth ____________

Program(s): ___ Special  ___ MA  ___ MDiv  ___ STM  ___ DMin  ___ Other (specify) _____________

______________________________________________________________

Last Name  First  Middle  Phone

_________________________  ____________________________
Street  Apt.  Email

City  State  Zip code

Name while attending if different from above _____________________________________________

#OFFICIAL___________________  #UNOFFICIAL___________________

Signature __________________________________________________________

Send transcript to:

____________________________________________________

School / Institution

Street Address

Street Address

City  State  Zip code

Official transcripts are $5 each. Cash or check (payable to ANTS). Unofficial transcripts are free. No transcripts are issued to students with unpaid accounts in the Business Office. In the event that we need to reach you, please provide email or phone number.