



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.