



Transcript Request Form



_____ (_____) Soc Sec # _____ - ____ - ____
Full Name Maiden Last Name, if applicable

Phone (____) _____ Email _____ Birth date ____/____/____

Address _____ City _____ State _____ Zip _____

Fees: Regular \$10.00 U.S. per copy (incl. first class mail) Rush \$25 per copy (priority post) U.S. addresses only
Fees may be paid by check/money order or by credit card. (International: credit card or U.S. funds money order only)

Mail transcript to above address

Mail transcript to:

Mail transcript to:

Credit Card Payment:

Master Card Visa American Express Discover Amount Paid \$ _____

Acct. #: _____ - _____ - _____ - _____ EXP: ____/____

Name as it appears on the card: _____

Transcript Policies

- For security purposes, we do not fax out transcripts. We issue official transcripts only.
- Processing time is the time it takes our office to prepare your transcript, normally within 5 business days. This does not include mailing time.
- We cannot guarantee your transcript's arrival or the time it will take to reach its destination once it has left our office.
- Transcripts issued to the student will be stamped with "Issued to Student in Sealed Envelope. Unofficial If Seal Is Broken."
- Transfer credit will be included on transcripts, but transfer credit grades are not included.
- Every transcript is checked for accuracy. It is the student's responsibility to direct concerns and discrepancies to the Registrar within 90 days of the transcript request.

I have read and agree to the transcript policies and procedures listed on this form, and I understand that for identification purposes my transcript includes my social security number.

Signature

Date

<i>Form can be submitted by Mail, Fax, or Email</i> Registrar Ambassador College 3120 Whitehall Park Drive Charlotte, NC 28273-3335	Email: registrar@ambassador.edu Fax: 844-350-3419	Office Use Only Received: _____ Amt. Paid: _____ Date Sent: _____
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