

⇒ Step 1: Identify Yourself

First name: <input style="width: 100%;" type="text"/> Last name: <input style="width: 100%;" type="text"/> Your name when you attended AU, if different: <input style="width: 100%; height: 20px;" type="text"/>	Social Security No: <input style="width: 100%; height: 20px;" type="text"/> Or AU ID: <input style="width: 100%; height: 20px;" type="text"/> Date of Birth: <input style="width: 100%; height: 20px;" type="text"/> The last year you attended AU: <input style="width: 100%; height: 20px;" type="text"/> REQUIRED
List ALL degrees received at AU (include those in progress): <input style="width: 100%; height: 20px;" type="text"/>	

⇒ Step 2: Provide Important Information

How many transcripts are you requesting? Official \$15 per copy Unofficial \$5 per copy

When should the transcript(s) be sent? Issued now Held for current term grades

How would you like the transcript(s) delivered? Mail (must provide address below) Fax (unofficial Only) Pick up in Anderson Central

What is the purpose of the transcript(s)? Employment Graduate school Transferring to: _____
 Scholarship Summer school Oth-

⇒ Step 3: Provide Delivery Information

⇒ Step 4: Provide Your Name and Address

Name: <input style="width: 100%; height: 20px;" type="text"/> Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> City, State, Zip: <input style="width: 100%; height: 20px;" type="text"/>	Name: <input style="width: 100%; height: 20px;" type="text"/> Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> City, State, Zip: <input style="width: 100%; height: 20px;" type="text"/> Telephone: <input style="width: 100%; height: 20px;" type="text"/>
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⇒ Step 5: Provide Payment Information

Check Cash Credit/Debit Card
 Card Number _____
 Exp _____ V-code(on back) _____

⇒ Final Step: Authorize Request

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for the release of my academic record as indicated on this form.

Signature: _____ Date: _____

Note: Transcripts of the student's record will not be furnished until all financial obligations to the University have been satisfied.

Mail to: Anderson University, Anderson Central, 316 Boulevard, Box 1142, Anderson SC, 29621
Fax to: (864) 231-2008