



Transcript Request Form

Print, **sign** and send request to the attention of:
Business Office – 1011 Aldon St SW Wyoming, MI 49509
or by **Fax: 616.538.0599** or **Scan to:** business_office@gracechristian.edu

Transcripts will be sent within 1 or 2 business days. Satisfactory financial status is required before transcripts are sent. Transcripts reflect a student's entire academic record and include all courses taken and degrees earned.

Name: _____ Today's Date: _____

Last 4 digits of SS #: _____ Date of Birth: _____

Maiden/Former Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (daytime): () _____

Legal Signature: _____

Type of Transcript Desired:

_____ Official (\$5.00 each) _____ Unofficial (no charge)

Number of Copies: _____

You would like your transcript to be (choose one):

- _____ Picked up at the Business Office
- _____ Mailed as soon as possible
- _____ Mailed after current semester grades are posted
- _____ Mailed after degree is posted

Send transcript to:

Institution/Organization _____

Name and/or Department _____

Address _____

City _____ **State** _____ **Zip** _____

You are responsible to provide the correct mailing address

Payment of **\$5.00** per copy must be received before the transcript process can begin. Payment options: cash, check, or credit card (i.e. Visa, MasterCard, or Discover). **When faxing your request, please include credit card number, expiration date, and security code information.**

_____ Visa _____ MasterCard _____ Discover #: _____

Expiration Date: _____ Security Code: _____

Business Office Use: Amount Paid: _____ Date Mailed: _____