

ANDERSONVILLE

THEOLOGICAL SEMINARY



OFFICIAL TRANSCRIPT REQUEST FORM

Full transcripts may be ordered only for programs for which the student has **met all academic and financial obligations**. This includes all administrative and graduation fees as well. Partial transcripts may be ordered only if all fees have been paid for the entire program. **If you order a transcript and have not paid your Graduation & Administrative Fee, the transcript will not include a graduation date.** Allow two weeks for processing.

Please list your full name without abbreviations or nicknames. If you enrolled using a hyphenated name, please list the hyphenated name in full. If you enrolled under a maiden name or have undergone a name change, please list all names under which you submitted work at ATS.

Student's Full Name

First	Middle	Last	Suffix
-------	--------	------	--------

Other Names (if relevant):

Last four digits of SSN: ***-**-_____

Degree for which you are requesting a transcript: _____

Address(es) to which requested transcript will be mailed

Name	Mailing Address
------	-----------------

City	State	Zip
------	-------	-----

Name	Mailing Address
------	-----------------

City	State	Zip
------	-------	-----

Andersonville Theological Seminary
54 S. Butler Street
Camilla, GA 31730

Phone: 229-336-5550
Fax: 229-336-7000
Web: www.andersonvilleseminary.com

Your Current Phone Number: ()- _____

Your Current Email Address: _____

Your Current Mailing Address

Printed Student Name: _____

Student Signature (REQUIRED): _____

TRANSCRIPT FEES

- **\$20.00 for each original transcript of each program requested**

Number Requested: _____ x \$20.00 = \$ _____ Total Fee.

- **\$10.00 for each additional copy of previously requested transcript(s).**

Number Requested: _____ x \$10.00 = \$ _____ Total Fee.

Total Fees from Request Above: \$ _____

If you wish, after submitting this form, you may call in your credit or debit card at 1-800-525-1611 and ask to speak with the ATS Registrar, Ms. Stephanie Davis. Or, you may include your card information below and email it to finance@andersonvilleseminary.com or fax it to 1-229-336-7000.

Card Number: _____

Card Expiration Date: _____

- All transcripts will be sent by the US Postal Service,
- Transcripts will not be emailed.
- ATS does not offer Unofficial Transcripts.