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.