

Andersonville Theological Seminary

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Camilla, GA 31730
1-800-525-1611

Transcript Request Form

Full Name _____
(First, Middle, and Last Name) (No abbreviations or nicknames)

SS# _____

Degree Earned _____

Please send the requested transcript to the following address:

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Full transcripts may be ordered for programs that have been completed academically and have been paid out.

Partial transcripts may be ordered *only* if all fees have been paid for the program requested. *If you order a transcript and have not paid your grad fee, it will be considered a partial transcript request and will NOT reflect your graduation date.*

Enclose the following fees: **(put how many you are purchasing in each blank below)**

- _____ \$20.00 for original transcript for **each** program (Allow **TWO weeks** for processing at ATS and then allow the time it takes for the mail to get to you)
_____ \$10.00 for additional copies
_____ \$40.00 for RUSH SAME DAY TRANSCRIPT per program (mailed the same day but allow however long it takes post office to get it to you)
_____ \$50.00 for special format transcripts for transfer to schools that require all accepted credits listed separately.

In case ATS has any questions while preparing your transcript please fill in the following:

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Print and mail to above address or fax to 229-336-7000 with credit card info.