

**Andersonville Theological Seminary**

54 South Butler Street

PO Box 545

Camilla, GA 31730

1-800-525-1611

**Transcript Request Form**

Full Name \_\_\_\_\_

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

**Please list any maiden names or any names you may have ever been enrolled under**

\_\_\_\_\_  
\_\_\_\_\_

SS# \_\_\_\_\_

Degree Earned \_\_\_\_\_

Please send the requested transcript to the following address:

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**Partial transcripts may be ordered only if all fees have been paid for the ENTIRE 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. It is best to pay your grad fee before you order a transcript!!*

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Your fax number if applicable: \_\_\_\_\_

Student signature **(required)** \_\_\_\_\_

If you wish to pay by credit card:

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Number on card \_\_\_\_\_ Expiration date \_\_\_\_\_

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