

UNIVERSITY TRANSCRIPT REQUEST

For Antioch University New England before July 1975 or Antioch University Los Angeles or Santa Barbara before July 1985 or Antioch University McGregor (aka School for Adult & Experiential Learning) before July 1988



Name Attended Under (print): _____

Current Name (print): _____

Your SSN: _____

Your Address: _____

Phone Number: _____

Birthdate: _____

Campus Attended: _____ Dates Attended: _____

SEND TRANSCRIPT TO: (Including a specific name and department will assist in prompt delivery. Please list additional addresses on a separate sheet.)

of copies: _____ Date Needed: _____

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You may have any, all or none of your narrative evaluations mailed with your transcript. Do you want evaluations mailed with your transcript?

Narratives (circle one): NONE ALL SELECTED (indicate which ones on a separate sheet)

Transcript fee: \$15 for first copy, \$5 for each additional copy per each request/order

Overnight fee: \$25: NO YES (cannot be delivered to a P.O. Box)

Must be paid before transcript is sent.

STUDENT SIGNATURE (required) _____ Date: _____

METHOD OF PAYMENT (circle one): CASH CHECK CREDIT CARD
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