

Aquinas College Transcript Request Form

Payment and complete information should accompany this request. Request will be honored only if all financial obligations have been met. Allow three working days to process.

Transcript fee: \$5.00 for each transcript requested.

(Your name and address)

Name: _____

Address: _____

Phone: _____

Social Security Number: _____

Date of Birth: _____

Former name (if applicable): _____

Are you currently enrolled? _____ Yes _____ No

If NO, last year enrolled? _____

Number of Copies: _____

(please check one of the following)

- _____ Send Transcript as is
 _____ Hold for Current Semester Grades
 _____ Hold for Graduation Verification
 _____ Other

Send letter with check or money order to:

Registrar's Office - Attn: Cindy
 Aquinas College
 1607 Robinson Rd SE
 Grand Rapids MI 49506

(Mandatory)

Signature: _____

Date: _____

Send to:

Be sure to print clearly the complete address.

This form may also be faxed to Aquinas College: (616) 732-4588

Name: _____ Name: _____

Address: _____ Address: _____

Office Use Only

Amount paid: _____ check _____ cash

Date requested: _____ Initials _____

Date sent: _____ Initials _____