

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

<i>(Mandatory)</i>	
Signature:	_____
Date:	_____

Send to:

Be sure to print clearly the complete address.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
_____	_____

Office Use Only			
Amount paid:	_____	_____ check	_____ cash
Date requested:	_____	Initials	_____
Date sent:	_____	Initials	_____