

REQUEST FOR TRANSCRIPTS FROM ATHENS STATE UNIVERSITY

Records Office
300 N. Beaty Street
Athens, Alabama 35611



1-800-522-0272, ext. 165
(256) 233-8165
(256) 233-6565 (Fax)

****Note: Transcript Fee=\$5.00 each****
(We accept check, money order or credit card- Mastercard, Visa, Discover or American Express)

Current date: _____ Telephone #: (H) (_____) _____
(W) (_____) _____

Name: _____
(Last) (First) (Middle) (Maiden)

Billing Address: _____
(Street or Route, Box #) (City) (State) (Zip Code)

Social Security Number: _____ / _____ / _____ D. O. B. _____ / _____ / _____

Term most recently completed: _____ Are you currently enrolled? ___Yes ___No

Recipient of Transcript	Check appropriate item below
1) _____ (Name of Institution/person)	Number of copies to be sent to recipient _____ _____ Official Copy or Student Copy _____
_____ (Address)	<input type="checkbox"/> Send Now
_____ (Address)	<input type="checkbox"/> Hold and Mail with * Fall * Spring * Summer term grades (please circle term)
_____ (City) (State) (Zip code)	<input type="checkbox"/> Hold for degree to be typed on record

Recipient of Transcript	Check appropriate item below
2) _____ (Name of Institution/person)	Number of copies to be sent to recipient _____ _____ Official Copy or Student Copy _____
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_____ (City) (State) (Zip code)	<input type="checkbox"/> Hold for degree to be typed on record

<p>_____ (Signature)</p> <p>***Must have signature to process transcript request!!!***</p>	<p style="text-align: center;"><i>For Credit Card Use</i></p> <p style="text-align: center;">(Mastercard, Visa, Discover or American Express)</p> <p style="text-align: center;">Credit Card Number</p> <p>-----</p> <p>Expiration Date: _____</p> <p>V-PIN No. (3 or 4 digit security number): _____</p>
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Recipient of Transcript

Check appropriate item below

3) _____
 (Name of Institution/person)

(Address)

(Address)

(City) (State) (Zip code)

Number of copies to be sent to recipient _____

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Recipient of Transcript

Check appropriate item below

4) _____
 (Name of Institution/person)

(Address)

(Address)

(City) (State) (Zip code)

Number of copies to be sent to recipient _____

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Recipient of Transcript

Check appropriate item below

5) _____
 (Name of Institution/person)

(Address)

(Address)

(City) (State) (Zip code)

Number of copies to be sent to recipient _____

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 (please circle term)

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Recipient of Transcript

Check appropriate item below

6) _____
 (Name of Institution/person)

(Address)

(Address)

(City) (State) (Zip code)

Number of copies to be sent to recipient _____

_____ Official Copy or Student Copy _____

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 (please circle term)

Hold for degree to be typed on record