



Transcript Request Form

Print, sign and send request to the attention of: Registrar's Office - 1001 E. Beltline, NE Grand Rapids, MI 49525 or by Fax: 616.222.1540

Transcripts will be sent within 1 or 2 business days. Satisfactory financial status is required before transcripts are sent. Transcripts reflect a student's entire academic record at the university and include all courses taken and degrees earned at undergraduate and graduate levels.

Step 1:

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_
ID # or last 4 digits of SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Maiden/Former Name: \_\_\_\_\_
Current Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Telephone Number (daytime): ( ) \_\_\_\_\_
Legal Signature: \_\_\_\_\_

Step 2:

School(s) Attended (check all that apply):

- \_\_\_ Cornerstone University \_\_\_ GR Baptist College \_\_\_ GR Baptist Seminary
\_\_\_ GR School/Bible and Music \_\_\_ GR Theological Seminary

Number of Copies: \_\_\_\_\_

Step 3: Choose one delivery option:

- \_\_\_ Pick up at the Registrar's Office \_\_\_ Mail after current semester grades are posted\*
\_\_\_ Mail as soon as possible\* \_\_\_ Mail after degree is posted\*

Step 4: Send transcript(s) to: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

\*Please identify the office or person to whom this transcript is being sent. You are responsible to provide the correct mailing address.

Step 5: Payment of \$5.00 per copy must be received before the transcript process can begin.

Payment Options: Cash, Check, Money Order or Credit Card (additional fees charged when using credit card - see below.)

Special Note: MasterCard, Discover and American Express credit cards are accepted. An additional convenience charge will be noted on your bill at the rate of 2.5% of the total charges. This additional cost is approximately 13 cents per transcript and is assessed by our credit card merchant.

When faxing your request, please include credit card number and expiration date.

\_\_\_ MasterCard \_\_\_ Discover \_\_\_ American Express

Credit card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Registrar's Office Use: Amount Paid: \_\_\_\_\_ Date Mailed: \_\_\_\_\_