



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.

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: _____

School Attended (check all that apply): **Number of Copies:** _____

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

You would like your transcript to be (choose one):

- Picked up at the Registrar's Office
- Mailed as soon as possible
- Mailed after current semester grades are posted
- Mailed after degree is posted

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

Address: _____

Payment of **\$5.00** per copy must be received before the transcript process can begin. Payment options: cash, check or credit card (i.e. Visa, MasterCard or Discover). **When faxing your request, please include credit card number and expiration date information.**

Visa MasterCard Discover #: _____

Expiration Date: _____

Registrar's Office Use: Amount Paid: _____ Date Mailed: _____