



Transcript Request Form

Clearly print the name and address of the person on institution to receive the transcript:

Mail To: _____

Number of copies: _____ Cost is \$5.00 per copy (First copy for graduated
Students is FREE)

Social Security #: _____ **Dates of Attendance:** _____

Please complete for our records:

Name: _____
Last First MI Maiden

EMAIL address: _____

Current Address: _____

Phone number: (_____) _____

I authorize release of my academic transcript.

Student's Signature: _____ Date: _____

*Federal law prohibits release without consent of student (Federal Privacy Act of 1974).
**Transcripts are not issued until all outstanding balances with the school are paid in full.

Signed and completed forms may be scanned and emailed to: dbond@austingrad.edu

Faxed to: 512-476-3919

Mailed to: Austin Graduate School of Theology
7640 Guadalupe St., Austin, TX 78735
Attention: Registrar

**Once your request is received in the Registrar's Office, please allow 3-10 days for processing.
Thank you.**