



Transcript Request Form

1. Clearly print the name and address of the person or institution to receive the transcript:

Mail to: _____

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

2. Call Carolyn at 512-476-2772 to pay for your transcript(s) by credit card.

Please complete for our records:

Name: _____
Last First MI Maiden

Social Security #: _____ Dates of Attendance: _____

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 will not be 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 78752
Attention: Registrar

Once the Registrar's Office receives your request and payment, please allow 3-10 days for processing.

Thank you.