



Transcript Request Form

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)*

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

Please complete for our records:

Name: _____
Last First MI Maiden

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 1974).

**Transcripts are not issued until all outstanding balances with the school are paid in full.

Mail request to: Austin Graduate School of Theology, Registrar's Office, 7640 Guadalupe St., Austin, TX 78735, or fax to 512-476-3919. **Once your request is received in the Registrar's Office, please allow 3-10 days for processing.**

Thank you.