

TRANSCRIPT REQUEST FOR HIGH SCHOOL AND OFF-CAMPUS UNDERGRADUATE CLASSES

To the Registrar of:

Date: _____

Name of School

Address of School

City

State

ZIP Code

Please forward an official and complete copy of my transcript to:

Southern Adventist University
Records and Advisement
P. O. Box 370
Collegedale, TN 37315-0370

If for any reason you cannot comply with this request, please inform Southern Adventist University Records and Advisement.

Name: _____
(as it appears on records)

Date of Attendance: _____

Address: _____

Date of Birth: _____

Social Security #: _____

Transcript Fee of \$ _____ Enclosed

SIGNATURE: _____