

INSTRUCTIONS FOR REQUESTING A TRANSCRIPT

Grace College and Grace Theological Seminary must have a signed request in writing authorizing us to release an academic transcript.

The charge is \$7 per transcript. The appropriate transcript fee must accompany each request. The fee may be paid by cash, check or money order made payable to Grace Schools, or by providing credit card information at the bottom of the Transcript Request Form which includes the credit card number, type of card, expiration date and the name as it is on the card. Transcripts will not be issued for any student who has any indebtedness to Grace.

Grace Schools sends transcripts by first class U.S. Mail. **Grace Schools will not fax transcripts.**

Transcripts will normally be processed within 5-8 business days after receipt of the request in our office. **RUSH** orders (processed the next business day after receipt of the request) require a \$20 processing charge in addition to the appropriate transcript fee. A transcript mailed through **OVERNIGHT SERVICES** requires an additional \$20 postage fee per address.

If you are unable to access the Transcript Request Form on the following page, you may request a transcript by writing a letter including the following information:

- Current name and any former names
- Current address, phone number and email address
- Birth date and Social Security number
- School attended (college, seminary or graduate school) and approximate dates of attendance
- Complete addresses to where you would like the transcript(s) sent
- Payment for the transcript(s) by check, money order or credit card
 - If paying by credit card, please include the credit card type, complete credit card number, expiration date, 3-digit security code and the name as it appears on the card.
- Your signature and the date

You may send your request to us by fax at 574-372-5114 or by mail to:

Grace Schools Registrar's Office
200 Seminary Drive
Winona Lake, IN 46590

If you would like **further instructions or have questions** regarding a transcript request from Grace College or Grace Theological Seminary, please call 574-372-5100 Ext. 6415.

Student Information

Today's Date _____ Student ID # _____

Student's Current Name _____

Maiden/Former Name(s) _____

Social Security # _____ Birth Date _____ Local Phone # _____

Current Permanent Address & Phone Number:

Street _____

City _____ State _____ Zip _____

Email Address _____ Phone # _____

Please circle the Grace school(s) you attended, circle your status at the school and give approximate dates of attendance:

College	Currently Enrolled	Withdrawn	Graduate	Dates _____
Graduate School	Currently Enrolled	Withdrawn	Graduate	Dates _____
Seminary	Currently Enrolled	Withdrawn	Graduate	Dates _____

Transcript Mailing Information

Transcript to be processed: Immediately When final grades from current semester are available

_____ # of transcript(s) from College Graduate School Seminary

To Be Mailed To: _____
(Complete address required) _____

- Student will pick-up
- Regular (5-8 business days)
- RUSH (next business day)
- Overnight

_____ # of transcript(s) from College Graduate School Seminary

To Be Mailed To: _____
(Complete address required) _____

- Student will pick-up
- Regular (5-8 business days)
- RUSH (next business day)
- Overnight

_____ # of transcript(s) from College Graduate School Seminary

To Be Mailed To: _____
(Complete address required) _____

- Student will pick-up
- Regular (5-8 business days)
- RUSH (next business day)
- Overnight

* Transcripts will not be processed if student has any outstanding obligations with the Financial Aid and/or Business Offices.

Payment Method (additional fees apply for Rush and Overnight requests):

Fees:

Cash Amount _____ Check Amount _____ Credit Card Amount _____

Regular: \$7.00 per transcript

Credit Card Number _____ Exp. Date _____

Rush: \$20.00 (+ regular fee)

Please Circle One **MasterCard** **Visa** **Discover**

Overnight: \$40.00 (+ regular fee)

Name As It Appears on Credit Card _____ Security Code _____

I hereby authorize Grace College and Seminary to accept the payment for and release my academic transcripts.

Your Signature _____