ANDERSON UNIVERSITY

⇒ **Step 1: Identify Yourself**

First name: _____

Last name: _____

Social Security No: _____

Or

AU ID: _____

Your name when you attended AU, if different: _____

Date of Birth: _____

List ALL degrees received at AU (include those in progress): _____

The last year you attended AU: _____ *REQUIRED*

⇒ **Step 2: Provide Important Information**

How many transcripts are you requesting? ☐ Official $15 per copy   ☐ Unofficial $5 per copy

When should the transcript(s) be sent? ◯ Issued now   ◯ Held for current term grades

How would you like the transcript(s) delivered? ◯ Mail (must provide address below)   ◯ Fax (unofficial Only)   ◯ Pick up in Anderson Central

What is the purpose of the transcript(s)? ◯ Employment   ◯ Graduate school   ◯ Transferring to:_____

◯ Scholarship   ◯ Summer school   ◯ Oth-

⇒ **Step 3: Provide Delivery Information**

Name: _____

Address: _____

City, State, Zip: _____

⇒ **Step 4: Provide Your Name and Address**

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

⇒ **Step 5: Provide Payment Information**   ◯ Check   ◯ Cash   ◯ Credit/Debit Card

Card Number_____

Exp_____V-code(on back)_____

⇒ **Final Step: Authorize Request**

Pursuant to provisions of the Federal Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), I grant permission for the release of my academic record as indicated on this form.

Signature:_____Date:_____

Note: Transcripts of the student's record will not be furnished until all financial obligations to the University have been satisfied.

Mail to: Anderson University, Anderson Central, 316 Boulevard, Box 1142, Anderson SC, 29621
Fax to: (864) 231-2008