

ID Number (if known)	Last Name	First Name	Middle Name
Home Address		City	State Zip/Postal Code Nation
Area Code and Home Telephone Number	Date of Birth	Social Security Number (if different than ID)	First Quarter at Fuller
Other name(s) used while at Fuller Seminary		E-Mail Address	<input type="checkbox"/> Home <input type="checkbox"/> Work

Are you *currently* enrolled in classes at Fuller?

Yes No, I last attended _____ (quarter) of _____ (year)

IMPORTANT NOTE: Your transcript request will be processed as soon as we receive it. To keep costs low, we do not hold requests until various conditions are met, such as the changing or posting of grades or degrees. Please check your transcript on Campus Pipeline, and submit your transcript request when you know that all the grades you are expecting have been posted and/or that a degree has been posted. You are responsible for determining that your transcript is ready to be sent.

TRANSCRIPT PROCESSING

Number of copies: _____ (A separate request is required for each separate addressee)

Disposition:

- EMERGENCY SERVICE REQUESTED! **WARNING: EXTRA CHARGES APPLY. SEE THE BACK FOR DETAILS.**
- Hold for personal pickup (Identification is required. A signed release must accompany anyone you send in your place. Transcripts not picked up within two weeks will be mailed to the address above.)
- Send to the following address:

Signature (required for processing): _____ Date: _____

PAYMENT

IMPORTANT: SEE THE BACK OF THIS REQUEST FORM FOR TRANSCRIPT POLICIES AND COSTS. PAYMENT MUST BE INCLUDED. WE DO NOT MAINTAIN A BILLING SYSTEM OR CHARGE STUDENT ACCOUNTS FOR TRANSCRIPTS, AND NO FREE COPIES ARE PROVIDED.

Payment Amount: \$ _____

Payment type: Check # _____ Visa Mastercard

Card Number: _____ Expiration Date: _____

Name exactly as it appears on credit card (please print): _____

Zip Code of Credit Card Billing Address (for security purposes): _____

Cardholder Signature: _____