

# Official Transcript Request Form

## Records Office

Please mail my OFFICIAL transcript, along with a copy of this form, to:

Amridge University  
ATTN: Admissions  
1200 Taylor Rd  
Montgomery AL 36117-3520



### Student Information

First Name \_\_\_\_\_  
Middle Name \_\_\_\_\_  
Last name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Address 1 \_\_\_\_\_  
Address 2 \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Social Security\* \_\_\_\_\_ DOB \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Day Phone \_\_\_\_\_  
Email \_\_\_\_\_

*\*Social Security Number is required to assist the institution in locating the proper student's transcript.*

### Transcript Release Authorization

**By signing this form, I am authorizing you to send my OFFICIAL transcript to Amridge University. I am also authorizing Amridge University to mail/FAX this Transcript Request Form to you and pay the transcript fee on my behalf.**

\_\_\_\_\_  
Student Signature

*This form must be hand signed and faxed.*

\_\_\_\_\_  
Date

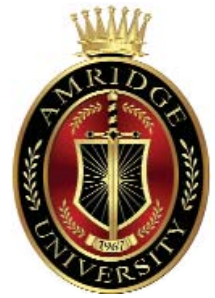
Please contact the **Amridge University Admissions Office** if this request cannot be processed.

Amridge University Admissions Office • 334.387.7532 or 1.888.790.8080

[admissions@amridgeuniversity.edu](mailto:admissions@amridgeuniversity.edu)

Office Use Only

# Previous Institutional School Information



1. Institution \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Degree earned (if any) \_\_\_\_\_

Student's name during attendance (if now different) \_\_\_\_\_

Campus location \_\_\_\_\_

- High School  
 College

2. Institution \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Degree earned (if any) \_\_\_\_\_

Student's name during attendance (if now different) \_\_\_\_\_

Campus location \_\_\_\_\_

- High School  
 College

3. Institution \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Degree earned (if any) \_\_\_\_\_

Student's name during attendance (if now different) \_\_\_\_\_

Campus location \_\_\_\_\_

- High School  
 College

4. Institution \_\_\_\_\_

Dates of attendance \_\_\_\_\_

Degree earned (if any) \_\_\_\_\_

Student's name during attendance (if now different) \_\_\_\_\_

Campus location \_\_\_\_\_

- High School  
 College

**AMRIDGE UNIVERSITY** 1200 Taylor Rd Montgomery AL 3617-3520