

OFFICIAL TRANSCRIPT RELEASE FORM
Andrews University

Date

Student's Name: Last, First, Initial

College ID

Social Security Number

Maiden Name

Number of transcripts

Hold for final grades – yes no Undergraduate school Graduate school

Academic Records
4150 Administration Drive
Berrien Springs, MI 49104

Send Transcript To: Department of Education Lake Union Conference P.O. Box 287 Berrien Springs, MI 49103	_____ Student's Signature
	_____ Student's street address
	_____ City, State, Zip

Currently enrolled: yes no