



Transcript Request Form

Print, sign and send request to the attention of: Registrar's Office - 1001 E. Beltline, NE Grand Rapids, MI 49525 or by Fax: 616.222.1540

Transcripts will be sent within 1 or 2 business days. Satisfactory financial status is required before transcripts are sent. Transcripts reflect a student's entire academic record at the university and include all courses taken and degrees earned at undergraduate and graduate levels.

Step 1:

Name: _____ Today's Date: _____
ID # or last 4 digits of SS #: _____ Date of Birth: _____
Maiden/Former Name: _____
Current Address: _____
City: _____ State: _____ Zip: _____
Telephone Number (daytime): () _____
Legal Signature: _____

Step 2:

School(s) Attended (check all that apply):
___ Cornerstone University ___ GR Baptist College ___ GR Baptist Seminary
___ GR School/Bible and Music ___ GR Theological Seminary
Number of Copies: _____

Step 3:

Choose one delivery option:
___ Pick up at the Registrar's Office ___ Mail after current semester grades are posted*
___ Mail as soon as possible* ___ Mail after degree is posted*

Step 4:

Send transcript(s) to: _____

*Please identify the office or person to whom this transcript is being sent. You are responsible to provide the correct mailing address.

Step 5:

Payment of \$5.00 per copy must be received before the transcript process can begin.

Payment Options: Cash, Check, Money Order or Credit Card (additional fees charged when using credit card - see below.)

Special Note: We only accept MasterCard, Discover and American Express credit cards. An additional convenience charge will be noted on your bill at the rate of 2.5% of the total charges for all credit card payments. This additional cost is approximately 13 cents per transcript and is assessed by our credit card merchant.

When faxing your request, include credit card number & expiration date (check one): ___ MasterCard ___ Discover ___ American Express

Credit card #: _____ Expiration Date: _____

Name & Address of Cardholder: _____

Registrar's Office Use: Amount Paid: _____ Date Mailed: _____