



## 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**  
(VISA is not accepted by CU.)

**Credit card #:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Name & Address of Cardholder:** \_\_\_\_\_  
\_\_\_\_\_

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Registrar's Office Use: Amount Paid: \_\_\_\_\_ Date Mailed: \_\_\_\_\_