

**Transcript Request Form (rev 8/09)**  
**Antioch University McGregor**

Check all Programs Attended

- |  |   |
|--|---|
| <input type="checkbox"/> Undergraduate Studies   | <input type="checkbox"/> Teacher Licensure              |
| <input type="checkbox"/> Grad Management         | <input type="checkbox"/> Teacher Certification          |
| <input type="checkbox"/> IMA / ILPS              | <input type="checkbox"/> Master of Education            |
| <input type="checkbox"/> Conflict Resolution     | <input type="checkbox"/> Ohio Principal Licensure       |
| <input type="checkbox"/> Intercultural Relations | <input type="checkbox"/> ELSS (Sum. Inst. For Teachers) |
| <input type="checkbox"/> Community College Mgt.  | <input type="checkbox"/> George Meany Institute         |

Your full name: \_\_\_\_\_ (as shown in our records)

Daytime telephone number: \_\_\_\_\_ (should we have processing questions)

Your address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Dates attended: \_\_\_\_\_  
(required)

SEND TRANSCRIPT(S) TO: (Providing a specific name or office will assist in prompt delivery)

Include narratives? Yes ___ No ___	Include narratives? Yes ___ No ___
_____	_____
_____	_____
_____	_____

*Under the provisions of the Family Education Rights and Privacy Act of 1974, I authorize the Registrar to release a transcript(s) of my academic record to the individual(s) and/or organizations stated on this request.*

\_\_\_\_\_  
Signature for release (required) \_\_\_\_\_  
Date of request

Submit completed request with check, money order (payable to Antioch University) or credit card information to: Registrar's Office, Antioch University McGregor , 900 Dayton Street, Yellow Springs, Ohio 45387. (Credit card users may fax this completed form to 937-769-1804)

# transcript copies (via First Class mail)	_____	X \$5.00/ea.	=\$ _____
Please overnight (via UPS)	_____	X \$25.00/ea	=\$ _____
Same day service (in person)	_____	X \$10.00/ea	=\$ _____
		Total enclosed	\$ _____

Or (circle one) charge to      VISA      MASTERCARD      DISCOVER

Card Number \_\_\_\_\_ Expires \_\_\_\_\_

Exact Name on Card \_\_\_\_\_ CV code \_\_\_\_\_

=====

Office Use - Processed Yes \_\_\_ No \_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_