



TRANSCRIPT REQUEST FORM

Association of Christian Schools International
ATTN: Student Transcript Depository
PO Box 65130, Colorado Springs, CO 80962-5130
Phone: 719-528-6906 Fax: 719-867-6180 E-mail: transcripts@acsi.org

BEFORE A TRANSCRIPT IS RELEASED, PLEASE DO ALL OF THE FOLLOWING:

1. Please read and complete all information requested.
2. Please print legibly and sign form as we can release transcripts only per students' request and signature.
3. An \$10 USD fee per transcript must accompany request.
4. **Overseas/Overnight U.S. shipping** requires additional fees and must accompany request also. Charges will be only what ACSI pays for shipping.
5. Send transcript request form by fax or postal mail. We cannot accept e-mail or telephone requests.

Student's Name and Information

First: _____ Middle: _____

Last: _____ Maiden: _____

Current Address: _____

City: _____

State/Province: _____ Postal Code: _____

Country: _____

Phone: (Required) _____ Fax: _____

E-mail: (Required) _____

High School Attended: _____

City: _____ Country: _____

Dates Attended: From _____ To _____

Year of Graduation: _____

Student's Signature (Required)

Sign Here: _____

TYPES OF TRANSCRIPTS ISSUED

1. **Official Transcript:** Mailed directly to an educational institution, a potential employer, or a scholarship agency.
2. **Official-Issued to Student Transcript:** Mailed to students to hand deliver in a sealed envelope and to be opened by authorized personnel only.
Please Note: Some colleges will not accept hand-delivered, sealed transcripts sent to students.
3. **Unofficial Transcript:** Released directly to students for personal use. Stamped "unofficial." For purposes of acceptance by educational institutions, this transcript is *not* considered *official*.

IN A HURRY? If you need your transcript sent overnight for next day delivery by UPS, follow these instructions:

1. Make sure that the address provided is a physical address. Overnight delivery services cannot send to a PO box. Include a phone number for where the transcript is being sent (*required*).
2. Remember that extra charges will be incurred. Those charges will be determined once sent overnight. Please ensure credit card information is available to cover those costs. A receipt will be sent showing costs.

Check one: Official Official-Issued to Student Unofficial

Transcript Recipient: _____

Address: _____

City: _____

State/Province: _____ Postal Code/Country: _____

Phone: _____ Fax: _____

Check for Overnight Shipping: (All shipping costs will be charged to credit card)

Check one: Official Official-Issued to Student Unofficial

Transcript Recipient: _____

Address: _____

City: _____

State/Province: _____ Postal Code/Country: _____

Phone: _____ Fax: _____

Check for Overnight Shipping: (All shipping costs will be charged to credit card)

Check one: Official Official-Issued to Student Unofficial

Transcript Recipient: _____

Address: _____

City: _____

State/Province: _____ Postal Code/Country: _____

Phone: _____ Fax: _____

Check for Overnight Shipping: (All shipping costs will be charged to credit card)

Method of Payment: Returned checks and declined credit/debit cards are subject to a \$25 USD processing fee. Make checks and money orders payable to ACSI.

Cash/Check: Amount Sent \$ _____ Check # _____ Amount \$ _____

Charge All Costs

Card Type: Visa MC Discover AMEX

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Expiration Date: _____ 3-4 Digit Security Code: _____

Billing Postal Code: _____ Amount: \$ _____

Print Cardholder's Name: _____

Cardholder's Signature: _____