

**JUDSON COLLEGE
OFFICE OF THE REGISTRAR
302 BIBB ST.
MARION, AL 36756
Phone: 334-683-5112 Fax: 334-683-5147
E-mail: edrake@judson.edu**

All transcript requests must be made in writing. Fill out this form completely with your signature and form of payment. You may mail, fax, or e-mail this form to the address above. E-mail requests will only be accepted if a written signature is attached.

No transcript will be issued for a student who has outstanding financial obligations to the College.

Name:

First Middle Last Last name when Judson student (if different than current)

Date of Birth: ____/____/____ **Years Attended** _____

Daytime Phone Number: _____ **E-mail Address:** _____

() **Regular Mail: \$19.00 per transcript per address**

() **Fax: \$19.00 per transcript per address**

Send Transcript To:

Number of copies: _____

Student Name and Address:

SIGNATURE _____

() **Send transcript immediately.**

() **Send transcript after current grades are recorded.**

() **Send transcript after degree is recorded.**

Method of payment: _____ **Cash** _____ **Check*** _____ **Money Order***

**Please make check or money order payable to Judson College.*

_____ **Credit Card** #** _____ **Expiration Date** _____

***Visa/Master Card/American Express/Discover accepted.*