

Additional Transcript Requests:

Number of Transcripts: _____

Include Narrative Evaluations: Yes No

City State Zip

Country: _____

Number of Transcripts: _____

Include Narrative Evaluations: Yes No

City State Zip

Country: _____

FOR OFFICE USE ONLY: Processed: _____ By: _____ CK # _____

Date

Office of the Registrar

Total Fees Received: _____ copies X \$5.00 or \$10.00 = \$ _____ Cash Check MO Credit Card Payment by Bus. Office

INSTRUCTIONS: Please read..... As you submit this request, please be aware of the following:

1. The Office of the Registrar does **NOT** fax, email or send electronic copies of official transcripts or narrative evaluations.
2. All transcripts are mailed through regular U.S. Postal Mail. We do not provide overnight or express delivery service. If needed, please provide pre-paid envelope with request.
3. Transcript requests may be mailed, emailed or faxed to:

MAIL: Antioch College, Office of the Registrar, One Morgan Place, Yellow Springs, Ohio 45387

EMAIL: registrar@antiochcollege.edu

FAX: 937-319-6084

4. Currently enrolled students are able to receive official/unofficial transcripts at no charge. Once graduated and for all others requesting transcripts, the cost is as follows:
 - **\$5.00 (transcript only)**
 - **\$10.00 (transcripts and narrative evaluations)**

**Payment can be made by: Cash, Check or Money Order payable to Antioch College or by Credit Card. Please complete the following information for payment by Credit Card or contact the Business Office at 937-319-6172.*

Credit Card Holder Name _____

Signature (required): _____ Date: _____

Card Type: VISA MC Discover American Express

Credit Card Number: _____ Security Code _____

Amount: \$ _____ Expiration Date: _____ / _____

Phone Number of Credit Card Holder: _____

(The transcript fee must be paid before the official transcript request can be processed.)