

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

All transcript requests must be made by completing this form. 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. Judson College does not fax or e-mail official transcripts. All official transcripts must be mailed.

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

Student Name: _____
First Middle Last Last name when Judson student (if different than current)

Reason for Request: _____

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

Last Four Digits of Social Security Number: _____

Phone Number: _____ **Email Address:** _____

- Regular Mail: Number of copies** ____ (**\$20.00 per official transcript per address**)
 Fax or E-mail: Number of copies ____ (**\$20.00 per unofficial transcript per address**)

Send Transcript To: (If you do not list a full address your transcript request will not be processed)

- Send transcript as soon as possible.**
 Send transcript after current grades are recorded.
 Send transcript after degree is recorded.

Signature: _____

Method of Payment: **Cash** **Check*** **Money Order*** **Credit Card****

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

***Visa/MasterCard/American Express/Discover accepted*

Credit Card Holder's Name and Billing Address:

Credit Card #: _____

Expiration Date: ____/____ **CCV** (security code on back of card): _____