

## Transcript Request

I, \_\_\_\_\_ authorize Adler Graduate School to release  
(first) (middle) (last)

an **official** copy of my academic transcript to:

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Official copy (\$10.00 each)

Unofficial Copy (no charge)

Your full name while a student at AGS \_\_\_\_\_  
(first) (middle) (last)

Dates attended \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(month/year) (month/year) (mm/dd/yyyy)

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

### Payment

(Payment methods accepted: credit card or check)

Name on Card \_\_\_\_\_ Zip Code \_\_\_\_\_

Card# \_\_\_\_\_ Exp. \_\_\_\_\_ Security code \_\_\_\_\_  
(month/year) (3 digits)

**\*\*Please allow 7-14 business days for processing. \*\***

Address questions/mail or fax to:  
**Fax 612 767-6872**

(Registrar@alfredadler.edu)  
**Registrar's Office  
Adler Graduate School  
1550 East 78<sup>th</sup> Street  
Richfield MN 55423**