

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 78th Street
Richfield MN 55423