

Ashland Theological Seminary
TRANSCRIPT REQUEST FORM



Office of the Registrar
 910 Center St
 Ashland, OH 44805
 PH 419-289-5907/5909
 FX 419-289-5650
 ATS-Registrar@ashland.edu

PLEASE NOTE:
 Transcript requests are processed on Wednesday mornings. Any request received after 12:00pm will not be processed until the following Wednesday.

For Office Use Only

Date received	Amount paid
<input type="text"/>	<input type="text"/>
Date Processed	Processed by
<input type="text"/>	<input type="text"/>

Full Name (Last, First, Middle)

Maiden/Other Name 7-Digit ATS ID or last 4 of SSN

Phone Number Email Address

Current Mailing Address – Street

City State Zip Code

Type of Transcript Master's Doctor of Ministry Both; billed separately Other

First Term Attended

Last Term Attended

A. TRANSCRIPT ORDER

Official Transcript copies \$6 each

Unofficial Transcript copies NO FEE

B. PROCESSING TIME

Based on date the order is received. Excludes delivery time.

Standard – within 1 week NO FEE

Expedited – 1-2 business day(s) (if needed before Weds.) \$10.00

C. DELIVERY METHOD

In-person pick-up (held for 30 days) NO FEE

U.S. First Class Mail NO FEE

Fax to U.S. fax number (only unofficial) \$10.00

Fax to international fax number \$15.00

USPS Express Mail to U.S. address \$20.00

USPS Express Mail to international address \$30.00

D. SPECIAL HANDLING – OPTIONAL

Attach separate document NO FEE

Complete additional form NO FEE

Official Seal across back of envelope NO FEE

Other NO FEE

TOTAL DUE \$

Submission Instructions

- 1) After signing below, save the completed form.
- 2) Attach the saved pdf to an email.
- 3) Send the email to ATS-Registrar@ashland.edu.

Authorization Signature Required

I authorize release of my transcript as directed on this form.

Signature Date

E. HOLD ORDER – OPTIONAL

Hold for current term grades Hold for degree to be posted

F. PAYMENT

Check or money order payable to ATS \$

Credit card (include for faxed requests) \$

Credit Card Number

Expiration Date CVV Code

G. DELIVERY

Mail to: Current mailing address shown above

Mailing address listed below:

Name

Company/Institution

Street Address

City State Zip Code

Fax to: Fax Number Name

(Unofficial Only)

Company/Institution

Delivery Address #2

Name

Company/Institution

Street Address

City State Zip Code