

Transcript Request Form

Office of the Registrar
Transcript Coordinator



400 Corporate Pointe
Culver City CA 90230-7615
(310) 578-1080 x216

We will not be able to release your transcript if you have an outstanding balance with the University. Fax transmission of a transcript is not available.

Print student name at time of enrollment _____

Maiden or Other Names _____

Street Address _____

City, State, Zip _____

Date of Birth _____ SSN _____ Phone _____

Program (circle one) BA MAP Clinical MAP-IC MAOM MFA MAE/TC **Non-Matriculating Bridge**

Degree earned Date or Term of Degree _____ *or* 1st 5 requests FREE

Dates of Attendance (very important) From _____ To _____

Student Signature (authorizing release of records) _____ Today's Date _____

Send Transcript Only - No Evaluations \$10.00 per transcript times Number of Transcripts _____ = \$ _____ Bridge = FREE

Include Evaluations with Transcript \$25.00 per transcript times Number of Transcripts _____ = \$ _____ Bridge = FREE

(**MFA ONLY**) "Complete Packet" Transcript with Evaluations, Student Learning Analyses and Residency Logs
\$35.00 per transcript times Number of Transcripts _____ = \$ _____

Total \$ _____ Bridge = FREE

Attach a check or money order payable to: Antioch University. We do not accept cash.

Please Check:

Send Now (Allow 10 working days for processing)

Hold for current term assessments to come in for term: quarter _____ MFA semester _____

Hold for Official Degree. Term expected to complete requirements for degree _____

This transcript is requested for the B.B.S. in Sacramento, CA (MAP-Clinical Only).

NOTE: The BBS requires only one transcript without evaluations.

Send Transcript To (Please use a separate form for each destination)

Office Use Only

Date Received _____ Initials _____ Date Mailed _____ Initials _____

Signature by Student Accounts Office _____ Date _____