



TRANSCRIPT REQUEST

Records Office

1435 N Glenstone Ave • Springfield MO 65802

Phone (417) 268-1025 • Fax (417) 268-1030

transcripts@agts.edu

Please type or print clearly

Name _____
Last First Middle Maiden/Former Name(s)

Birthdate _____ SSN _____ Daytime Phone _____

Current Address _____
Street City State Zip

I may be contacted at this email address _____

Currently enrolled at AGTS? Yes No If not, last semester/year attended _____

Signature of person making request _____

Number of transcripts requested _____ Official (\$5 fee/transcript) Unofficial (no charge)

Please indicate how/when you want the transcript sent (transcripts cannot be emailed):

Will pick up Send now Fax unofficial Hold for current semester grades Hold until degree is posted

Overnight US delivery (FedEx \$17) Delivery subject to service availability; additional fee for international service.

Send transcript to:

Name

Name

Company/Organization

Company/Organization

Address

Address

City, State, Zip

City, State, Zip

Fax number

Fax number

Method of payment: MasterCard VISA Discover Cash Check payable to Evangel University

Credit card number

3-digit security code (card back)

Expiration date

Cardholder name

Any outstanding financial obligations to AGTS or Evangel University must be cleared before a transcript can be released. Contact the Bursar's Office (417) 865-2815 ext 7700 with any questions.