



Transcript Request Form

Office of the Registrar, 2625 E. Cactus Road, Phoenix, AZ 85032

Arizona Christian University (formerly Southwestern College)- choose program

Traditional Degree Completion Dual Enrollment/Concurrent

Judson Baptist College

Arizona College of the Bible

Registrar's Fax # 602-489-5306

Phone: 602-489-5300 Ext.4111

registrar@arizonachristian.edu

1. Print, complete, and sign form and submit to the Office of the Registrar in person, by fax, or by mail.
2. The cost per official transcript requested is **\$7.00**.
3. If you are requesting a transcript for **instant service**, there is **an additional \$10.00** charge for each Transcript request.
4. **Allow three to seven working days for processing**

Please Note: Transcript Requests will not be processed for students with an outstanding balance or unfulfilled obligation to the University. In addition, all outstanding financial obligations must be cleared before transcripts will be released.

Date: _____

Number of copies: ____ Mail Hold for pickup

Current Last Name: _____

SSN# (Last 4 Digits): _____

First Name: _____

Day Phone#: _____

Middle: _____

Address: _____

Other Name(s) Used: _____

City/State/Zip: _____

Date of Attendance: _____ to _____

E-Mail: _____

Date of Birth: _____

Fax#: _____

- Send my official transcript.
- Send an Unofficial Transcript.

- Hold my request **until latest** semester's grades are finalized.
- Hold my transcript until degree or is posted.
- Process my request immediately.**

I authorize the release of my official transcript as indicated above.

Signature: _____

(Your signature is **required** for processing as requested.)

Transcript Payment (Nonrefundable/Nontransferable)

Credit Card Information

- Master Card VISA American Express
- Check* Money Order Other _____

*Please make checks payable to **Arizona Christian University**.

Credit Card Number#:	
Print Name as shown on Card:	
Exp. Date: (mm/yy)	CVC Code: (last 3 digits on back of card)

Please select only one:

A. Transcript Order (U.S. Mail Delivery):
_____ x \$ 7.00 = _____

B. Transcript Instant Delivery Order (For Walk- Ins only):
_____ x \$7.00 + 10.00 = _____

****MAIL TO:**

Dept: _____

Name: _____

Street: _____

City/State Zip _____

****Include complete name and address of transcript recipient.**