

OFFICIAL TRANSCRIPT REQUEST FORM

TO THE REGISTRAR OF PREVIOUS SCHOOL (please print)

Name of School _____

Address _____

FROM THE STUDENT

U.S. Social Security # (if applicable) _____ Birthdate (M/D/Y) _____

Student Name (as on school record) _____

Address _____

Phone Number _____ Email _____

Years/Semesters Attended _____ to _____

I am applying to Griggs International Academy. Please send an official copy of my transcript to the address provided. If for any reason you cannot comply with this request, please inform me as soon as possible.

NOTE: Please send the transcript in both the original language of your country and a literal translation into English if the transcript is in any other language.

EMAIL TRANSCRIPT TO:
ENROLLGIA@ANDREWS.EDU

FAX TRANSCRIPT TO:
269-471-2812

MAIL TRANSCRIPT TO:
GRIGGS INTERNATIONAL ACADEMY
ENROLLMENT SERVICES
8903 U.S. HWY 31
BERRIEN SPRINGS, MI 49104

Student/Parent Signature: _____ Date: _____