



AGTS Transcript Request Form

Applicant: Fill out the form below. Print the form. Sign it. Fax or mail it to the Records Office at AGTS (fax # 417-268-1030; Assemblies of God Theological Seminary, 1435 N. Glenstone Avenue, Springfield, Mo 65802). Payment can be made by credit card or check.

Social Security #:

Applicant's Full Name:

Last

First

Middle

Birth date:

Daytime phone number:

Please send # of copies of my transcript to:

Immediately

End of semester

When degree is posted

Each transcript costs \$5.

Method of Payment: Master Card Visa Discover Check

Credit Card #:

Verification Code: The verification code is found in the signature field. It is the last (rightmost) 3 digits.

Expiration Date:

Name as it appears on card:

I hereby authorize the release of my academic record and related material to the above address.

Signature

Date