

# AMBASSADOR CHRISTIAN COLLEGE

Office of the Registrar  
2130 Hopedale St, Kannapolis, NC 28083 (704) 783-7857

## Transcript Request Form

Name: \_\_\_\_\_  
First M.I. Last

Address: \_\_\_\_\_  
Street City State Zip

Are you currently enrolled? Yes No Last date of attendance: \_\_\_\_\_

Phone: \_\_\_\_\_ Work/Other: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* (Must have original signature to process request) \***

**\*\*MAIL TRANSCRIPT TO THE ADDRESS BELOW\*\***

Transcripts mailed to students will be stamped **“ISSUED TO STUDENT”** and are NOT considered official. PLEASE PRINT CLEARLY

Name: \_\_\_\_\_

Attn: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

One copy per degree is provided at no cost. **There will be a \$10 charge per each additional set of transcripts. Payment should be made by money order or cashier's check only.** Money orders should be made payable to **AMBASSADOR CHRISTIAN COLLEGE**.

**Mail this request with payment to the address above. Requests WILL NOT be processed without proper payment.**

**NOTE:**

**\*Verify the address to which the transcripts are to be sent. Most colleges and employers will NOT accept transcripts directly from the student. Most require transcripts sent directly to them from the office of the registrar.**

**\*If transcripts are to be sent to more than one address, please use additional forms.**

**\*Transcripts will be put on hold if student has a balance at Ambassador Christian College**

**For Office Use Only:**

Transcript Fee Paid \_\_\_\_\_ Date Issued \_\_\_\_\_

Transcript Released by: \_\_\_\_\_