



## REQUEST FOR GLOBAL UNIVERSITY TRANSCRIPT

Requests may take up to two weeks to process.

**Please make sure you have received your final grade report and/or confirmed your graduation documents have been issued before you request a transcript**

- Please charge my credit card an additional \$35 Expedite Shipping Fee (USA street address only – no PO boxes).**  
Transcript is printed within 2 business days and sent next day shipping but GU cannot guarantee the courier will deliver within 24 hrs.

**Please clearly print all information** – Mail or fax signed form to Global University Transcripts. This signed form may also be scanned and sent via email attachment to [transcripts@globaluniversity.edu](mailto:transcripts@globaluniversity.edu). If a transcript needs to be sent to an Assemblies of God district office, please call 800.443.1083 option 4 or email [bercan@globaluniversity.edu](mailto:bercan@globaluniversity.edu).

**Student ID Number** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_  
(DD-Month-YYYY Example: 05-JUL-1985)

**Years of Attendance** \_\_\_\_\_  
(Example: 1999 – 2003)

**Student Name** \_\_\_\_\_  
First Middle Last\*

*\*If student records are listed under your maiden name please note the name in the Comments section.*

### Student Mailing Address:

\_\_\_\_\_ Primary Phone \_\_\_\_\_  
P.O. Box or Street Address

\_\_\_\_\_ Other Phone \_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_ Email \_\_\_\_\_  
Country

**(\$5) Please send an unofficial transcript (issued to student) to the above mailing address**

**(\$5) Please send an official transcript to the following address:**

\_\_\_\_\_ Institution or Employer's Name

\_\_\_\_\_ Division, Department, or Attention of

\_\_\_\_\_ Street or P.O. Box

\_\_\_\_\_ City, State and Zip Code Country

**BSB transcript**  
(adult continuing education)

**Degree-level transcript**  
(undergraduate and graduate)

**Both BSB and Degree**  
(\$5.00 for each transcript)

**(\$5) Please send a transcript to the following email address:**

\_\_\_\_\_

**Comments:** \_\_\_\_\_

**\$5 fee per mailed or emailed copy:** (Choose a payment method – US currency only)

**TOTAL AMOUNT:** \_\_\_\_\_

**Check #** \_\_\_\_\_  **Credit card #** \_\_\_\_\_ Expiration date \_\_\_\_\_  
 Visa  MasterCard  Discover

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_