

Transcript Request

		Date	
Registrar	-		
	-		
(College or University and Address)	-		
Dear Registrar:			
Enclosed is my fee in the amount of \$_	in pay	ment for a trans	cript of my
scholastic record. I attended college du	•		
my degree on My	•	Number is	
and my date of birth is			
Please send the transcript directly to the	ne following addr	ess:	
Acacia University 7665 S. Research Drive Tempe, Arizona 85284			
Acacia University has informed me that the provisions of the Education Rights have access to the transcript.			
Sincerely,			
(Signature)			
(Print Name)			
(Address)			