



ACACIA
UNIVERSITY

Transcript Request

Date _____

Registrar

(College or University and Address)

Dear Registrar:

Enclosed is my fee in the amount of \$_____ in payment for a transcript of my scholastic record. I attended college during the years _____ to _____. I received my degree on _____. My Social Security Number is ____ - ____ - _____ and my date of birth is _____.

Please send the transcript directly to the following address:

Acacia University
7665 S. Research Drive
Tempe, Arizona 85284

Acacia University has informed me that they will treat the transcript in accordance with the provisions of the Education Rights Privacy Act and that no unauthorized person will have access to the transcript.

Sincerely,

(Signature)

(Print Name)

(Address)