OFFICE OF THE REGISTRAR --- ASBURY COLLEGE
1 Macklem Drive, Wilmore, Kentucky 40390
REQUEST FOR TRANSCRIPT OR VERIFICATION OF ENROLLMENT

Please send _____(Limit 5) copies of my

☐ TRANSCRIPT (complete academic record, including grades and GPA)
☐ Official ☐ Unofficial

☐ VERIFICATION OF ENROLLMENT (confirms enrollment as a current student)
☐ Include GPA

TO:

PLEASE
PRINT CLEARLY

Please check all **programs** that apply: ☐ Undergraduate ☐ Achieve ☐ Graduate

LAST TERM YEAR	LAST ATTENDED TERM ☐Fall ☐Spring ☐Summer ☐Current Student	YEAR GRADUATED

LAST NAME WHILE AT ASBURY	CURRENT LAST NAME	FIRST NAME	MIDDLE NAME
SS#	BIRTH DATE	PHONE	
STREET	CITY	STATE	ZIP

PURPOSE OF REQUEST

SPECIAL INSTRUCTIONS
☐ HOLD FOR GRADES ☐ HOLD FOR GRADUATION DATE

DATE	SIGNATURE

OFFICE USE ONLY RECEIVED	HOLDS		CLEARED	MAILED
		Student Accts		
		Financial Aid		
		Controller		