# STUDENTS ENTER, LEADERS DEPART.



ITC offers 4 easy methods to request transcripts. If you choose Method 2, 3 or 4, you must print and fill out the Transcript Request Form located on page 2 of this document.

### Method 1 - Online

Online transcript requests are secure and fast.

Transcripts will be processed and mailed in approximately three to five business days.

Order online at:

www.itc.edu/e-commerce/transcript/

## Method 2 - Mail

Print, complete and sign the Transcript Request Form on page 2. Mail payment and form to:

Interdenominational Theological Center
Office of the Registrar
700 Martin Luther King, Jr. Dr. SW
Atlanta, GA 30314

#### Method 3 - Email

Print, complete and sign the Transcript Request Form on page 2. Scan and email to registrar@itc.edu. An ITC Representative will contact you regarding payment options.

# Method 4 - In Person/On-Demand

Print, complete and sign the Transcript Request Form on Page 2. Bring payment and form to the Office of the Registrar.

Your in person/on-demand order will be processed while you wait. This option is not available for students enrolled prior to 1998.

#### **Reminders:**

- Only completed forms will be processed.
- Transcript Request Form must be signed by student.
- Payment must be made prior to processing.
- Please contact Financial Services at 404-527-7735 or -7723 with any questions or for Verification of Enrollment.
- Mail and scanned email requests are also accepted.
- Accounts with outstanding financial obligations to the Interdenominational Theological Center will not be processed.

# **Processing Time:**

Transcripts will be processed and mailed in approximately three to five business days. (On demand is available for students who have been enrolled at ITC since 1998).



# INTERDENOMINATIONAL THEOLOGICAL CENTER Transcript Request Form

Personal Information				
Full Name: (Name at time of attendance)	Last		First	M.I.
Current Address:	Street Address			Apartment/Unit #
	City		State	ZIP Code
Home Phone:		_Alternate Phone:		
Email				
Student ID:				
Birth Date: (MM/DD/YY)				
* Signature:	*A valid government issued	d ID required for pe	ersonal pickup.	
Indicate Transcript Request				
Personal Pick Up:	Yes or No (Circle one)	_Graduate:	Yes or No (Circle one)	
Graduation Date: (MM/YY)		_Degree:		
Presently Enrolled:		_Last Attended:		
Hold for grades:	Yes or No (Circle one)	_Term and Year:	Fall/Spring/Summer (Circle on	e) Year
Hold for degree notation:	Yes or No (Circle one)	_Term and Year:	Fall/Spring/Summer (Circle on	e) Year
	Transcript	: Fees (Check (	One)	
Official Transcript \$10  Express Mail (Same business day service) \$40 per mailing address  Mail transcript to: (Please provide complete address)  Express Mail (Two business day service) \$30 per mailing address  *On Demand/Personal Pickup (Two business day pick up) \$15   *On Demand/Personal Pickup (Two business day pickup (Tw				
For Office Use Only				
Business Office Signature:			Date:	
Signature as Processed:			Date Mailed:	