



Official Transcript Request

Auburn Adventist Academy

Date ____/____/20____

5000 Auburn Way S. Auburn WA 98092
Ph: 253-939-5000 Fax: 253-351-9806

I am requesting that my Auburn Adventist Academy Transcript be sent to (include full address):

My Full Name is: _____ Signature _____

Maiden name (if applicable): _____ Date of Birth ____/____/____

I last attended or graduated from AAA: _____

Cell or Phone number _____ Email Address: _____

Upon verification that your **student account has been paid in full** and the transcript fee paid to the Business Office, your request will be processed.

In accordance with the Family Educational Rights and Privacy Act of 1973, a signed and dated request must be completed by individuals eighteen and older.

Seven semester requests and the first final official transcript are given at no charge to graduating seniors. Payment must accompany request. Processed fees per transcript are as follows:

- Regular \$5.00 (processed within 5-10 working days sent regular first class mail).
- Rush \$8.00 (processed within 48 hours sent regular first class mail).
- Rush within the United States \$20.00 (processed within 48 hours sent Fed EX or Priority).
- Rush for International \$50.00 (processed within 48 hours sent Fed EX or Priority).
- Fax \$8.00 (processed within 48 hours).

To make payment arrangements call 253-939-5000 ext. 201. Credit Card payments are accepted.

Credit Card Number _____

Expiration Date ____/____/____ Security Code _____

Name on Card _____

Billing Address _____

(For card) _____

Address _____

City _____ State _____ Zip Code _____