

## TRANSCRIPT REQUEST FORM

**TO: Office of the Registrar**

\_\_\_\_\_  
School name

\_\_\_\_\_  
Address

**FROM:**

\_\_\_\_\_  
Last name (please print)

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Maiden/former name (if any)

\_\_\_\_\_  
Student's current street address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Student ID or Social Security number

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Dates of attendance

IN ORDER THAT THE APPLICATION I HAVE SUBMITTED FOR SERVICE WITH THE CHRISTIAN AND MISSIONARY ALLIANCE MIGHT BE COMPLETE, I REQUEST THAT THE FOLLOWING INFORMATION BE SENT:

- ◆ **Transcript of academic record**
- ◆ **Cumulative grade point average to date**
- ◆ **Statement of current academic standing** (*required only if any category of academic probation is in effect*)

Please forward this information to: *(your district office address)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date