

REQUEST FOR OFFICIAL TRANSCRIPT

TO THE REGISTRAR:

College/University _____

Address _____

City _____ State _____ Zip _____

*Please send official transcript to: ADVANCE Program, Family of Faith College, P.O. Box 1805,
Shawnee, OK 74802-1805 Phone: (405) 273-5331 Fax (405) 273-8535*

STUDENT INFORMATION:

I was registered under the following name(s): _____

Address _____ Social Security # _____

City _____ State _____ Zip _____

Telephone _____ I was a student from (M/Y) _____ to (M/Y) _____

I hereby authorize the release of my transcript and any other pertinent personal information.

Signature: _____ Date: _____

NOTE: You must include the required fee to have the transcript sent. You are advised to check with the registrar's office at the college or university to inquire about this fee. Attach a check for the amount to this Request Form.

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