

COLLEGE TRANSCRIPT REQUEST

APPLICANT

After filling in information below, give this form to your registrar.

Social Security Number

Gender: Male Female

Legal last name

Legal first name

Middle name

Address: PO Box / Physical street address

City

State

Zip

Area code and telephone

Date of birth

I hereby request that my official college transcript be sent to Southwestern Christian University.

Signature

Date

ADMINISTRATOR

Please attach the applicant's transcript and mail to: Southwestern Christian University, Office of Admissions, PO Box 340, Bethany, OK 73008.
Please provide all information possible for this applicant.

Class rank is _____ out of _____

Is this student in good standing at your school? Yes No If no, please explain.

Administrator's Name

Administrator's Position

Address

City

State

Zip

Area code and telephone

Area code and fax

Administrator's Signature

Date