



# Request for College Transcript

Please fill out the top section and present to a college official

PLEASE TYPE OR PRINT

## APPLICANT

Name: \_\_\_\_\_  
Last First M.I. Maiden

Address: \_\_\_\_\_  
Street Apt.

\_\_\_\_\_ City State Zip

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I hereby give permission for my transcript and other information requested to be sent to Valor Christian College.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL OFFICIAL

Please send this form along with the applicant's official transcript.

Date of Graduation: \_\_\_\_\_

Counselor / School Official: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Send this form along with the applicant's official transcript to:

Valor Christian College  
Office of Admissions  
P.O. Box 800  
Columbus, OH 43216-0800  
(614) 837-4088 | 1-800-940-9422 | Fax (614) 837-6904