



Valor Christian College
 P.O. Box 800
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 (614) 837-4088 Fax (614) 837-6904

OFFICIAL TRANSCRIPT REQUEST FORM

The Family Educational Rights and Privacy Act (FERPA) protects your educational records. In compliance with this law, Valor Christian College requires a signed, written request to release your transcript to you or to another party. Submit the completed form below, with the \$5 processing fee, allowing 3-5 business days for normal processing.

All information must be provided in order to process request.

First: _____ **Middle:** _____ **Last:** _____
(Maiden if applicable)

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

- Currently enrolled
- Withdrawn: last year attended: _____
- Alumni: year of graduation: _____ Program of study: _____

Name and address of person or institution you wish to receive transcript:

Name of school / other: _____ **Fax:** _____

Attention: _____

Address: _____

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Valor Christian College to release my transcript as noted. I understand all financial obligations to Valor Christian College must be cleared before the transcript can be released.

Student Signature: _____ **Date:** _____

Card Type (please circle):	Visa	MasterCard	American Express	Discover
Name on Card: _____			Expiration Date: _____	
Card Number: _____			3 digits on back of card: _____	
Signature: _____			Number of transcripts desired: _____	

Office Use Only: Form Received: _____ Paid: _____ Payment # _____ Date Sent: _____