



Request for High School or GED Transcript

Please fill out the top section and present to an official in your high school.

PLEASE TYPE OR PRINT

APPLICANT

CLASSIFICATION *(check one)*

- New Freshman
 Transfer (Also request transcripts from other colleges and universities attended)
 Re-activation
Dates of Last Attendance _____

- Continuing Ed Student *(non-diploma)*

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 include the following information and send this form along with the applicant's official transcript.

A.C.T.: _____ S.A.T.: _____

High School G.P.A. / GED Score: _____

High School Class Rank: _____

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