

Transcript Request Form

PLEASE PROVIDE ALL REQUESTED INFORMATION. Transcripts will not be issued to any student with a delinquent or past due tuition account. **The cost per copy of transcript is \$5.00 (U.S. Currency).**

By Mail Request: Complete this form and mail to Carolina University of Theology, 14654 Joplin Road, Manassas, VA 20112, along with a check or money order, made payable to Carolina University of Theology.

By Fax Request: Complete this form along with a Credit Card Charge Form and fax to (703) 791-8263, Attn: **Carolina University of Theology Administration.**

Student's Full Name _____ Former Name _____
(Last, First Middle Initial)

Mailing Address _____
(Provide a complete mailing address)

Social Security Number _____ Date of Birth _____
(MM/DD/YYYY)

Number of transcripts requested _____

* Please indicate the dates you attended Carolina University of Theology:

FROM

TO

Send transcript to the above address.

Send transcript to the following named person whose title and address are:

Send transcript now.

Send transcript at the end of the present term, after Grade(s) is/are posted.

Student Signature _____ Date _____
(Mandatory for release of transcript.)