



VALOR
CHRISTIAN COLLEGE

Request for College Transcript

Please send this completed form directly to Valor.
admissions@valorcollege.edu

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

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