



**VALOR**  
CHRISTIAN COLLEGE

## Request for High School or GED Transcript

Please send this completed form directly to Valor.

[admissions@valorcollege.edu](mailto:admissions@valorcollege.edu)

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

### APPLICANT

**CLASSIFICATION** *(check one)*

New Freshman \_\_\_\_\_

Transfer \_\_\_\_\_

(Request transcripts from other colleges and universities attended)

Re-activation \_\_\_\_\_

Dates of Last Attendance \_\_\_\_\_

Continuing Ed Student *(non-diploma)* \_\_\_\_\_

**ENROLLMENT DATE** *(check one)*

Fall 20 \_\_\_\_\_

Spring 20 \_\_\_\_\_

Summer 20 \_\_\_\_\_

**ATTENDANCE** *(check one)*

Full-time (12+ hrs.) \_\_\_\_\_

Part-time (up to 11.5 hrs.) \_\_\_\_\_

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