



Request for College Transcript

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

PLEASE TYPE OR PRINT

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