Valor Christian College
P.O. Box 800
Columbus, OH 43216-0800
(614) 837-4088 Fax (614) 837-6904

OFFICIAL TRANSCRIPT REQUEST FORM

The Family Educational Rights and Privacy Act (FERPA) protects your educational records. In compliance with this law, Valor Christian College requires a signed, written request to release your transcript to you or to another party. Submit the completed form below, with the $5 processing fee, allowing 3-5 business days for normal processing.

All information must be provided in order to process request.

First: _____ **Middle:** _____ **Last:** _____
(*Maiden if applicable)*

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

[ ] Currently enrolled
[ ] Withdrawn: last year attended: _____
[ ] Alumni: year of graduation:_____Program of study: _____

Name and address of person or institution you wish to receive transcript:

Name of school / other: _____ **Fax:** _____
Attention:_____
Address: _____
_____

I affirm that I am the above-named student. In compliance with FERPA, I hereby give my written consent and authorize Valor Christian College to release my transcript as noted. I understand all financial obligations to Valor Christian College must be cleared before the transcript can be released.

Student Signature:_____ **Date:** _____

Card Type (please circle): **Visa** **MasterCard** **American Express** **Discover**

Name on Card: _____ **Expiration Date:** _____

Card Number: _____ **3 digits on back of card:** _____

Signature: _____ **Number of transcripts desired:** _____

Office Use Only: Form Received:_____Paid:_____Payment #_____Date Sent: _____