

TRANSCRIPT REQUEST FORM

Student Name: _____ Student SSN: _____

Student Birthdate: _____ Student Graduation Year: _____

Student Address: _____

PLEASE MAIL TO:

Institution: **ADMISSIONS OFFICE**

Address: _____

Please check one: I am requesting the following to be sent:

- Grade Transcript Only
- Both Grade Transcript and Test Scores

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(Parent/Guardian signature required for students under 18 years of age)

Please return this form along with a legal size envelope, stamped and addressed to the above institution.

MARANATHA ACADEMY
6826 Lackman Rd.
Shawnee, KS 66217

1. White copy to Office; 2. Yellow copy to Institution; 3. Pink copy to Student	Init: _____
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Rvs'd: 6/7/02