

The Word of God International University

A Fully Accredited Academic Institution of the National Private Schools Accreditation Alliance and
 Subsidiary of Loving to Learn Association, A Religious Nonprofit Organization

**Official Academic
 Transcript Request**

INSTRUCTIONS

1. Before completing this form, please read and sign this information form.
2. Mail this form and designated transcript fees to the registrar of the college or university you attended. Make sure official, sealed copies are mailed to us.
3. Student copies, unofficial copies, and altered or defaced copies are unacceptable.
4. Please print all information and again make sure you include your signature and date.

Student ID/SS#: _____

Date of Birth: ____/____/____

Student Information

Last Name and/or Maiden Name (if applicable)		First Name		Middle Name	
Current Mailing Address (Include Apt or Ste)		City		State	Postal/Zip Code + 4
Cell Phone () -		Business Phone () -		Home Phone () -	
P.O. Box		Providence (Canada Only)		Country	
Email Address		From Term:	Year:	To Term:	Year:

Transcript Options

# of Copies	<input type="checkbox"/> Place Transcript in a Sealed Envelop (Check Boxes if OK)	<input type="checkbox"/> Issue to Student Unofficial or Unauthorized Transcript
	<input type="checkbox"/> Hold for Pick-up Official Transcript (Do Not Mail)	<input type="checkbox"/> Mail Transcript after Processing USPS first-class
	<input type="checkbox"/> Five (5) Business Day Processing \$_____ (expedite)	<input type="checkbox"/> Overnight shipping \$_____ (mailing after processing)

Total Due \$ _____ **Payment Date** _____ **Process Date** _____

Special Instructions: _____

Signature _____ **Date Received** _____

Authorized Signature required – I authorize release of my transcript. **Date**

PLEASE NOTE: STANDARD REQUEST FOR TRANSCRIPTS

To the Registrar of: _____
 Name of Institution Attended

Please forward _____ copy/copies of the transcript with appropriate degrees posted for above student.

Send with degree posted: Associate, Bachelor, Master, or Doctor and/or after final grades are recorded.

Attached this form to the transcript and mail to the following address:

Admissions Center: The Word of God International University, 3650 S. Western Avenue, L.A., CA 90018-3827

This information will be released in accordance with the Federal Family Educational Rights and Privacy Act (FERPA) and cannot be further disclosed without the prior written consent of the above student.