



MCCTS TRANSCRIPT REQUEST FORM

Student Directions: Submit this form with the appropriate fee to the Registrar of Maranatha Christian College and Theological Seminary. Your official transcript will be mailed directly to the institution on this request form.

Student Information

Name: Mr. Mrs. Miss Other _____

First Middle Last Other Names (if applicable)

Address:

Address City State Zip
() ()
Home Phone Work / Cell Phone Email Address

Identification:

_____/_____/_____
Social Security Number Date of Birth Dates of Attendance Date of Graduation

MCCTS Transcript Request:

Please attach a copy of this form to my official transcript and mail to:

Name of School/Organization to send transcript to Attention (i.e. Registrar)

Address City State Zip

I hereby authorize Maranatha Christian College and Theological Seminary to release of my academic records and related materials to the named organization.

Signature: _____ Date: _____