



THE KING'S SEMINARY

REQUEST FOR TRANSCRIPT

*Applicant: Please send this completed form (photocopy as needed) with the appropriate transcript fee to your college or university's registrar. If you have attended several schools, simply photocopy this form and send a copy to **each** school.*

Applicant's Full Name: _____
Last First Middle

Social Security Number: _____ Maiden Name (if different when attending) _____

Dates of Enrollment: _____ Degree and Year of Graduation: _____

Major/Field of Study: _____ College/University: _____

I hereby authorize the release of my academic records, i.e. transcript, to The King's College.

SIGNATURE

DATE

Registrar: Please send an official transcript (with seal and signature) of my academic record to:

Office of Admissions • The King's Seminary • 14800 Sherman Way, Van Nuys, CA 91405
PHONE 1-888-779-8040 FAX 1-818-779-8429