

#

### REQUEST FOR OFFICIAL TRANSCRIPTS

To: Registrar at \_\_\_\_\_  
(College/university where transcripts are being requested)

\_\_\_\_\_  
(City, State of College/university)

**Student Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Student ID or Last 4 of your Social Security Number \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Student Signature \_\_\_\_\_

Please send an official copy of my transcript to:

**Faulkner University**  
**ATTN: Graduate Enrollment**  
**5345 Atlanta Highway**  
**Montgomery, AL 36109**

Year(s) of Attendance:

From \_\_\_\_\_ to \_\_\_\_\_

My transcript is under the following name:

\_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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