

# Applicant Transcript Request

**Instructions:** Complete and mail this form to your high school or college to request your transcripts. (This form may be reproduced as needed.)

**\*Note to the Principal, Guidance Counselor, Registrar: Information will be treated in a confidential manner.**

---

*Name of Institution*

---

*Street Address*

---

<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Telephone</i>
-------------	--------------	------------	------------------

Dear Principal, Guidance Counselor, Registrar:

In order to satisfy application requirements at Faith School of Theology, I must have an official copy of my transcripts and a current copy of your academic catalog (for colleges), as soon as possible. Please forward this request along with my transcripts and academic catalog to:

**Director of Admissions  
Faith School of Theology  
29 Main Road  
Charleston, ME 04422  
Voice: 207-285-3373 Ext. 277  
Fax: 207-285-7505**

Authorization is hereby given to release an official copy of transcripts for the following student to the address above:

---

<i>Student's typed/printed name</i>	<i>Signature</i>
-------------------------------------	------------------

Applicant's address: \_\_\_\_\_

---

<i>City</i>	<i>State</i>	<i>Zip</i>
-------------	--------------	------------

Phone(\_\_\_\_)\_\_\_\_\_ SSN#\_\_\_\_\_ DOB \_\_\_\_\_

Dates of attendance, from \_\_\_\_\_ to \_\_\_\_\_

If there is any reason why my transcripts cannot be forwarded, please promptly notify me.

***Applicant is responsible to pay any transcript fees.***