

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

City

State

Zip

Telephone

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:

Student's typed/printed name

Signature

Applicant's address: _____

City

State

Zip

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.