



Request Form For Transcripts (This form must be printed out and mailed or faxed to Rhema University)

Requestor's Name and Address: (Please print clearly)

Name: _____
Last First MI

Social Security Number: _____ - _____ - _____ Date of Birth ____/____/____

Your Address _____

To (School Name): _____

Date of Attendance: From _____ to _____

Daytime Phone Number: () _____ - _____

Request Option:

- (Check One) Send transcript as is
 Wait for grades for ____ semester/term
 Wait for posting of degree

Send transcript to:

Rhema University
37 N. Orange Ave. -500
Orlando, FL 32801

Signature: x _____ Date: ____/____/____

Remember your transcript will NOT be processed without your original signature!

Students

Fill out this form and send to:

RHEMA UNIVERSITY
Office of the Registrar
37 N. Orange Ave. -500
Orlando, FL 32801 or Faxed to: **Fax** 1-866-267-5128