RHEMA UNIVERSITY

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
Admissions Dept.
P.O. Box 160606
Altamonte Springs, FL 32716

Signature: x_____ Date: ____/____/_____

Remember your transcript will NOT be processed without your signature!

Students
Fill out this form and send to:
RHEMA UNIVERSITY
P. O. Box 160606
Altamonte Springs, FL 32716 *or* Fax to: 1-866-267-5128