Valor Christian College
P.O. BOX 800
COLUMBUS, OH 43216-0800
(614) 837-4088 Fax (614) 837-6904

TRANSCRIPT REQUEST FORM

Date: _____

Print Name: _____
First *Middle* *Last (Maiden if Applicable)*

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: ( ) _____ Email: _____

☐ Currently Enrolled
☐ Alumni : Year of Graduation: _____ Last Semester Attended: _____

1. Official Transcripts are issued from the Registrar's Office upon written request only. Complete this form that has been provided for your convenience.

2. There is a $5.00 fee per Transcript. No transcripts are released for students with outstanding debts to Valor/WHBC.
   ***Form of Payment (Check One)*:** ☐ Cashiers check ☐ Money order ☐ Credit card
   Credit Card Information: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

   Credit Card # _____ Date of Expiration: _____Paid $ _____

   Cardholder Signature _____

3. **All requests will be processed within two weeks of date received. Please note - this is subject to change if there are circumstances beyond our control.**

4. Please indicate below (Check One): ☐ Official Copy ☐ Unofficial Copy (Student Copy)

   ☐ To be picked up at the front desk.

   ☐ Fax: Attn: _____ Fax #: _____

   ☐ Mail (Attention to: If applicable)

_____ _____
Name of School/ Other Name of School/ Other

_____ _____
Address Address

_____ _____
City State Zip City State Zip

PERMISSION TO RELEASE INFORMATION REQUESTED:

_____ _____
Signature Date

If there are any questions, please contact the Registrar.

Office Use Only: Date Form Received_____ Amount Paid _____

Date Credit Card Approved: _____ Date Sent: _____ Initial: _____