

Request for Transcript

The Family Educational Rights and Privacy Act as Amended protects your educational records. In compliance with this law, The King's requires a signed, written request to release your transcript to you or to a third party. Submit the completed form below, with \$10 processing fee, allowing 3-5 business days for normal processing.

Please supply ALL information requested below:

Today's Date _____ Social Security # _____ Birthday _____
Name _____ Student ID # _____
Address _____
City, State, Zip _____
Telephone _____
Name while attending The King's _____
Last date of attendance _____

If you are currently enrolled send transcript:

Now, current quarter in progress Final grades at end of quarter

Name and address of person or institute you wish to receive this transcript:

Name _____
Address _____
City, State, Zip _____

I hereby authorize the release of my transcripts as requested (signature of student only)

.....
Credit Card information: Name on card _____

Visa ___ Discover ___ MasterCard ___ Card # _____

Exp. Date _____ Billing address _____

Signature _____ City _____ State & Zip _____

The King's College and Seminary

14800 Sherman Way
Van Nuys, CA
91405-2233
Voice 818-779-8485
Fax 818-779-8428

Request Rec'd _____

Fee Paid _____

Account Clear _____

Transcript Printed _____

Transcript Mailed _____

9/06