



REQUEST FOR COLLEGE TRANSCRIPT

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Registrar, please send an official copy of transcript to:
Martin University
Attn: Admissions
P.O. Box 18567
Indianapolis, IN 46218
Phone: (317) 543-3243
Fax: (317) 543-4790

Student Former Name: _____

Student Current Name: _____

Date of Birth: _____

Social Security Number: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Test Site Location (GED): _____

Last Year Attended: _____

Thank you in advance for your prompt attention to this request!

Cordially,

(Student Signature)

FOR OFFICE USE ONLY

Date Requested: _____ Requested By: _____

Date Received: _____

TRANSCRIPTS CANNOT BE DUPLICATED