

TRANSCRIPT REQUEST



SCHOOL OF
PROFESSIONAL
AND ONLINE
EDUCATION

Admissions Office
200 Seminary Drive · Winona Lake, IN 46590
800.823.8533 · onlineadmissions@grace.edu · www.grace.edu/online

TRANSCRIPT REQUEST

To Be Completed By Applicant (please print)

I, (full name) _____ (include maiden name, if applicable),
(Social Security No.) _____, hereby authorize the Registrar of (name of school) _____
_____ to release my official transcripts for use as requested by Grace College and to respond candidly to
the questions asked on this form. I last attended during _____ (term, quarter, semester) of _____ (year).

Signature: _____ Date: ____ / ____ / ____

Registrar: please mail the applicant's official transcript directly to:
Admissions Office - Attn: SPOE
200 Seminary Drive
Winona Lake, Indiana 46590