



TRANSCRIPT REQUEST FORM

From the Student

Name

Address

Social Security Number

Phone

Date of Birth

Signature

Date

To the Registrar

Name of School (previously and/or currently attending)

Dates Attended

I am applying to Columbia Union College. Please forward a copy of my transcript to the address checked below. If for any reason, this is not possible please let me know. Thank you very much.

Please send to

Admissions Office, Columbia Union College,
7600 Flower Avenue, Takoma Park, MD 20912-7796

My home address for express processing.
(Note to student: Do not open transcripts when received.)

Admissions office of Columbia Union College • 800.835.4212

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