



## 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 Oakwood University. 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  
Individualized Degree Completion Program  
Oakwood University  
7000 Adventist Boulevard, Huntsville, AL 35896
- My home address for express processing.  
(Note to student: Do not open transcripts when received.)

**Admissions office of Oakwood University • 256.726.7097**

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