



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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