



## 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 Washington Adventist 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, Washington Adventist University,  
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

**Washington Adventist University • 800.835.4212**

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