



NAME: _____ Present Grade _____
Last First Middle

Date of Birth: _____ Counselor _____

CHECK ONE:

- TRANSCRIPT REQUEST: _____ (Includes all test scores)
- _____ (Transcript only, no test scores)
- _____ (Transcript only, no test scores)

SEND TRANSCRIPT TO:

Tisha Ray, Administrator
Name of Person or Office

New Life Theological Seminary
Name of College, University, School

P.O. Box 1248
Hope Mills, NC 28348
Address, City, State, Zip

SPECIAL DIRECTIONS:

Authorization to release school records and all test scores to the agency listed above:

Signature of Parent (if the student is under 18) _____

Signature of Student (if age 18 or over) _____

Office Use: Date Sent & Initials: _____