

Master's International School of Divinity

Transcript Request Form

Use for MISD Transcripts Only.

Name: _____ Student ID # _____

Current Address: _____

Name under which I attended (if different) _____

Dates Attended: From ____/____/____ To ____/____/____

<input type="checkbox"/> Please send a personal copy for myself. <input type="checkbox"/> Please sent an official copy of my academic transcript from to: _____ _____ _____

Signature: _____

Date: _____

Cost of Transcript \$15.00

Check _____

Credit Card _____ Type of Card _____

Card Number _____

Expiration Date: _____

Please sign and mail or fax Transcript Request Form to:

Master's International School of Divinity
520 Kimber Lane
Evansville IN 47715-2820

Fax Number: 812 471-0877