



Transcript Request

To The Registrar: _____
Name of School You Attended

Please forward a copy of the transcript of

Name: _____
Last Maiden First Middle

Address: _____
No. Street

_____ City State Zip Birthdate

I last attended your school _____
Term/Year Soc. Sec./ID#

Signature _____

TRANSCRIPT CLERK: Please attach this form to transcript and mail to the following address:

Master's International University of Divinity
Registrar's Office
520 Kimber Lane
Evansville, IN 47715-2820

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Applicant: Mail this form and appropriate transcript fee to the Registrar of the school you attended.

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