

REQUEST FOR OFFICIAL TRANSCRIPT

To the Registrar

University/College		Address	
City	State	Zip Code	
From (Student) Last Name	First	Middle/Maiden	Social Security Number
Street Address/Apartment Number			Date of Birth
City	State	Zip Code	Telephone Number

Please send an official transcript to:

**Mid-America Christian University
Attn: CAGS Registrar
11600 N. Broadway Ext. Service Rd, Suite 100
Oklahoma City, OK 73114**

I was a student from _____ to _____
Month/Year Month/Year

I was registered under the following name(s): _____

Signature Date

PLEASE FAX UN-OFFICIAL TRANSCRIPT TO (405) 418-7160