

**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**