TRANSCRIPT REQUEST FORM TRINITY INTERNATIONAL UNIVERSITY



To: University Records
Trinity International University
8190 W. State Road 84, Davie, Florida 33324
Fax completed form to: 954-382-6420

Specify Program (circle one	e): EXCEL	MACS/MAR	MACP	MCC	Miami Christian Coll	ege)
Full Name (Please Print):						
Last	First	Mi	iddle	Any pre	viously used name(s) or /m	aiden name
Current Address:						
Numl	ber Street			City	State Zip	
Phone Number: Home		Work		Cell _		
Email Address:			Date of Bi	rth:		
Trinity Student ID Numbe	Social Sec	Social Security #:				
Degree/Program or Major:	Last Date	Last Date of Attendance:				
CURRENT STUDENTS ONLY:						
□ Hold this request for po (Degrees are normally p	• •	oprox. 4-6 weeks after se	emester in which pro	ogram is comple	eted)	
TRANSCRIPT OPTIONS:						
 Unofficial Transcript: Mail (3 business-d Fax (3 business-da Official Transcript: Mail (5-7 business RUSH: Mail (3 	y processing) -day processing)	Fax Number Number of C	Copies: (no c: Copies: (\$5 Copies: (\$5	00 per transcr		e)
PAYMENT METHOD:						
Check one: \Box Cash \Box Che	ck 🗆 Money Orde	$r \square Credit Card$	Credit Card Type	:	Exp. date:	
Credit card #:			ame on card:			
Payment amount: \$ **For transcript(s) being sent to a	(Make chec	k or money orders payal				
DESTINATION INFORMATION	(choose one method):					
□ Please <i>mail</i> transcript(s) to the address no	oted below:			NT NOTES:	7
Business or Compa						
Attn/Name:		released if there is a delinquent student account or loan balance.				
Address:				In complia	nce to FERPA federal law,	
City/State/Zip:		this form must be signed by the				
Signature:				Date:		