



REQUEST FOR COLLEGE TRANSCRIPT

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Registrar, please send an official copy of transcript to:

Martin University
Attn: Admissions
2186 North Sherman Drive
Indianapolis, IN 46218
Phone: (317) 543-4822
Fax: (317) 543-4790

Student Former Name: _____

Student Current Name: _____

Date of Birth: _____

Social Security Number: _____

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

Test Site Location (GED): _____

Last Year Attended: _____

Thank you in advance for your prompt attention to this request!

Cordially,

(Student Signature) (Date)

TRANSCRIPTS CANNOT BE DUPLICATED

College Transcript Request Form
Revised 07/12/2016