

TRANSCRIPT REQUEST FORM

To: Admissions Office

Complete name of high school or college

Dates Attended: _____

Address

City

Province/State

Postal/Zip Code

Please send a copy of my academic records to:

DIRECTOR OF ADMISSIONS
FaithWay Baptist College of Canada
1964 Salem Road
Ajax, Ontario L1T 4V3
(905) 686-0951

Student's Name (print or type)

Signature

Date

Social Insurance/Security Number