

TRANSCRIPT REQUEST FORM

For College and High School Records

Applicant must complete all sections of this form (including Part II)
and mail it to the school from which records are being requested.

TO THE REGISTRAR OR PRINCIPAL

Full name of college, university, or high school

City State ZIP

Please send a copy of my:

College transcript

High School Transcript

To: Admissions Office
Massillon Baptist College
1219 Overlook Ave. S.W.
Massillon, OH 44647

Date _____

Signature _____

College or high school: Please detach Part II and attach it to the copy of the transcript being sent to Massillon Baptist College.

PART II

Last Name First Middle/Maiden SS Number

Number and Street Address Last Term Attended

City State Zip Graduation Date

Name of student at time of enrollment if Birth Date
different from above.

I have applied to Massillon Baptist College for the:

Fall Spring of the year _____