



ZION CHRISTIAN UNIVERSITY

TRANSCRIPT REQUEST

To obtain your transcript please print and mail this completed form to the ZCU Registrar's Office at:

**Registrar's Office
Zion Christian University
25400 US 19N, Suite 150
Clearwater, FL 33763**

One (1) transcript per year is free. Additional transcripts are \$5.00.

Requestor Information

Requestor's Name _____

Address _____

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Phone _____ Email _____

If you completed your degree program through an affiliate school, please provide the name of the school, city, and country: _____

Authorization

I hereby authorize Zion Christian University to release my academic transcript to the name and address following my signature:

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