



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
2430 Estancia Blvd, Suite 100
Clearwater, FL 33761**

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

Requestor Information

Requestor's Name _____

Address _____

City | State | Zip _____

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:

Requestor's Signature & Date (required) _____

Mail transcript to:

Name _____

Address _____

City | State | Zip _____

Total number of copies to be sent: _____

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