

Request for Official Transcript

To: The Registrar/Records Office of _____
(College Attended)

From: (Last, First, MI) _____

Phone No. _____ Birth Date ____ / ____ / ____ SS# ____ - ____ - ____

Address _____

City, State, Zip _____

(Check whichever apply)

_____ Please send one copy of my official transcript to:

Houghton College - P.A.C.E. 810 Union Road West Seneca, NY 14224

_____ Please send a student copy to the address above for my personal records.

_____ Enclosed is a check/money order for \$ _____ to cover transcript fees.

I was a student from _____ to _____.
(MONTH/YEAR) (MONTH/YEAR)

I was registered under the following name(s) _____.

Signature _____ Date _____

Houghton College P.A.C.E. 810 Union Road West Seneca, NY 14224 716-674-6363 or 1-888-874-PACE(7223)

(CUT HERE) -----

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