



St Michaels Christian University
6124 NW 19th Court - Margate, FL 33063
Tel: (800) 420-3698 - Email: info@stmichaelscu.org

TRANSCRIPT REQUEST FORM

(FROM SMCU TO OTHER SCHOOLS)

Mail your request to the St. Michaels Christian University Records Office:

Name _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ Email _____

Birthday _____ Sex _____ M _____ F SS# last 4 digits _____ Marital Status _____

Place of Birth _____ Race _____ Occupation _____

High School Name _____

Street _____ City _____ State _____ Zip _____

Check One:

When attending St. Michaels Christian University were you: On Site: _____

Online? _____ Correspondence? _____

If on site, what site did you attend and who was your Administrator?

School Site: _____ Administrator Name: _____

NOTICE

The First Student Transcript and the first Official Transcript are free of charge. All other copies are \$15.00 each. Please include payment with this request form. Officially sealed copies will be sent to colleges and businesses only. Student Copy may be sent to Student's Home Address. All transcript requests must be received via mail or fax. No e-mail or telephone requests will be honored due to Privacy Act. All requests must have the Student's written signature.

Address to mail Official Transcript to:

Name of College or Company: _____

Address: _____

City: _____ State: _____ Zip: _____