

CLAFLIN UNIVERSITY

TRANSCRIPT REQUEST FORM

PLEASE PRINT

Name of Student's High School or College Attended:

Address: _____

City: _____ State: _____ Zip Code: _____

Dear Sir or Madam:

In compliance with the family educational rights and privacy act of 1974: Public Law 93-380. Section 438. , I hereby grant you permission to release the following information:

_____ Transcripts _____ Test Scores (SAT/ACT) Certificate (GED)

_____ Immunization Shot Record _____ Other (Specify)

Student's Name Used in School: _____

Date of Birth: _____ / _____ / _____ Social Security No.: _____ / _____ / _____
Month Date Year

Student's Present Address: _____

City: _____ State: _____ Zip Code: _____

Circle Highest Grade Level Completed: 1 2 3 4 5 6 7 8 9 10 11 12 currently enrolled

College Level: FR SO JR SR Semester of last enrollment: _____

Please Forward An Official Copy Of My Document(s) Indicated Above To:

Director of Admissions
Clafin University
400 Magnolia Street
Orangeburg, SC 29115

YOUR RESPONSE WITHIN THE NEXT FEW DAYS WILL BE APPRECIATED.

Sincerely,

Student's Signature: _____

Date: _____

PLEASE FORWARD THIS FORM TO YOUR HIGH SCHOOL
OR COLLEGE PREVIOUSLY ATTENDED.