

MCU-TR101

# METROPOLITAN CHRISTIAN UNIVERSITY

OFFICE OF ADMISSIONS

Email to: [admin@MCUedu.net](mailto:admin@MCUedu.net)

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## REQUEST FOR TRANSCRIPT

To: Guidance Office/Office of Registrar and Records  
**(Please Print)**

\_\_\_\_\_  
Name of School/College

I, \_\_\_\_\_, request that you send an official  
copy of my transcript to:

**Metropolitan Christian University**

Office of Admissions

Email to: [admin@MCUedu.net](mailto:admin@MCUedu.net)

I last attended your school: \_\_\_\_\_ Year \_\_\_\_\_  
Month/Semester

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

If there is a charge, please contact me at the address below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### NOTE TO THE APPLICANT:

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain states requires that permission be granted for the release of academic records by schools. For that reason, it is necessary for you to request that your transcript(s) be mailed to our office. **Transcript(s) marked "Issued to Student" will not be considered as official for admission to programs at Metropolitan Christian University.** Please complete and sign the letter above and submit it to your principal or counselor at your high school and/or the registrar at the college(s) you have attended. *Thank you.*