Evangeline Booth College
School for Continuing Education
1032 Metropolitan Pkwy.
Atlanta, GA 30310
404-756-7485
404-753-4429 fax

Transcript Request Form

Applicant Information

Name: Last **First** **Middle** **Maiden**

Date of Birth **Social Security Number**

Dates Attend **Graduating Date**

Student Consent

I authorize you to release my academic records as indicated above. I have enclosed the appropriate fee required (if applicable).

Signature **Date**

Mail To:

Evangeline Booth College-SCE
Attn: Student Aid Coordinator
1032 Metropolitan Parkway, SW
Atlanta, GA 30310

Trevecca Nazarene University
Attn: Gail Pusey, CMP Director
333 Murfreesboro Road
Nashville, TN 37210