

# REQUEST FOR ACADEMIC TRANSCRIPT

New and Living Way Bible School  
P.O. BOX 5003  
Rome, Georgia 30162-5003

## TO THE APPLICANT:

It is your responsibility to arrange for New and Living Way Bible School to receive a copy of your High School and College Transcripts. Mail this form with any required fee to the Records Office of your high school and college(s) attended.

## Please send a copy of my transcript and this form to:

Registrar  
New and Living Way Bible School  
P. O. Box 5003  
Rome, GA 30162-5003  
(706) 233-9200

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Your Current Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Your Daytime Phone Number and Email Address

\_\_\_\_\_  
Your Student Identification No. / Social Security No.

\_\_\_\_\_  
First Term Attended

\_\_\_\_\_  
Last Term Attended

\_\_\_\_\_  
Degree or Diploma Received

\_\_\_\_\_  
Signature

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