Transcript Request Form

STUDENT: Please give this completed form to the appropriate school(s).

Please send an official copy of my high school or college transcript to the following address:

Abilene Christian University
Office of Admissions
ACU Box 29000
Abilene, Texas 79699-9000

Thank you.

Full name _____ Social Security No. ___–___–___
LAST FIRST MIDDLE

Address _____

City _____ State _____ ZIP _____ Date _____

YOU MAY DUPLICATE THIS TRANSCRIPT REQUEST FORM AS NEEDED.