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Transcript Request Form

Student records are confidential and transcripts are issued only at the request of the student. You may fax, scan and email, or mail you request to the AFCMITC Office.

Date: _____

Current Name: _____

Current Address: _____

City and State: _____

Zip Code: _____

Cell Phone: _____ Home Phone: _____

Previous Names (if any): _____

Year(s) of Enrollment: _____

Name of School attended: _____

Address of School attended: _____

City, State, and Zip: _____

Pastor/Director of School attended: _____

Number of Copies Requested (maximum of 10): _____

Reason for Transcript (check any that apply): Further Schooling Employment

Transcript Instructions (check any that apply):

Mail to me (will be mailed to current address)

Mail to the following address: _____

Signature (A request will not be processed without your signature)