



PO Box 471407
Tulsa, OK 74147
918-392-0511 phone
918-392-0514 fax
office@afcmits.com

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. The transcript fee will be \$6 per level. If you would like a duplicate, the cost is \$3 per copy. Please be aware that the school of your choice may not accept a transcript from you. Please plan accordingly. If paying by check, please include it with your request. If you prefer to fax your request to expedite the process, you may either call us with your credit card information, or include your credit card information on your fax (including permission for us to bill the fee to your card). Our direct fax number is (918) 392-0514.

NOTE*** Requests usually take 5 to 15 business days.

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) Date