

Christian Life School of Theology Global

6171 Gateway Dr. • Columbus, GA 31909 • (706) 323-0847



Transcript Request

Your Full Name

Other name(s) Which May Have Been Used (Maiden name)

Address (number and street)

City, Town or Post Office

State and Zip Code

Social Security Number

Send Transcript to (if different from address above)

Name of School Last Enrolled

Date of Last Course Taken

Student E-mail Address

Number of Copies Requested

Hold for Grades on Pending Exam for (name of course)

Name and dates of CLEN schools attended:

Student's Signature Required

Signature of Chancellor of Current School (optional)

***Please enclose \$15.00 for an Official Transcript and \$10 for a Course Record.
Make check payable to Christian Life School of Theology Global. Do not send cash.***

Office Use Only – Please do not write below this line

Date Received:	Paid: YES NO	Date Processed:	Date Sent:	By Whom:
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