



Transcript Request Form

Please note that it may be necessary for us to contact the director of your school to receive your records. Once they are received, we will then be able to forward an official copy. Requests usually take 7 to 14 business days. Please plan accordingly. Questions? Email office@afcmite.com.

Current Name: _____

Current Address: _____

City and State: _____

Zip Code: _____

Mobile Phone: _____ Email Address: _____

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: _____

Reason for Transcript: Further Schooling Employment

Transcripts are \$6 for the first copy and \$3 for each additional copy.

Select format and quantity (maximum of 10):

Printed copies — Quantity: []

Digital copies (PDF) — Quantity: []

PAYMENT INFORMATION

Check One: Check or Money Order payable to AFCM

Visa Master Card Discover Amex

Credit Card Number: _____ Exp Date: _____

Signature (Required)

Date