

TRANSCRIPT REQUEST

PAUL QUINN COLLEGE

The Best of Both Worlds!

*Combining Intellect with Faith
for a Quality Education*

Transcript Request Form for College and High School Records

To the Registrar or Principal:

I have applied to Paul Quinn College for the

Fall Spring Summer for the year of _____

Please send a copy of my: College Transcript High School Transcript GED Test Scores

To: Director of Admissions
 Paul Quinn College
 3837 Simpson Stuart Road
 Dallas, Texas USA 75241-1331

Attach the personal data given below to the transcript being sent to Paul Quinn College.

Date _____ Signature _____

Personal Data (student to complete information below)

Last Name First Middle/Maiden

Social Security Number

Address

Last Term Attended Year

City State ZIP

Graduation Date (mm/yy)

Name of student at time of enrollment from above.

Birthdate

(Mail this to your High School or College Registrar's Office)