

Official Transcript Request



Date: _____

PLEASE SEND AN OFFICIAL TRANSCRIPT OF MY RECORDS TO:

Attention: Dr. Raymond Garrett
Greater Love School of Ministry (GLSOM)
PO Box 768232
Roswell, GA 30076 Office: 404) 419-6553

Number of official copies needed: _____

Number of unofficial copies needed: _____

THIS RECORD IS REQUIRED BY GLSOM TO COMPLETE MY ADMISSIONS FILE

Last Name	First Name	Middle	Maiden/Other
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Birth Date	Social Security #	Dates Attended & Graduation Date
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Current Address	City	State	Zip
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Name of high school/college/seminary attended and graduation dates.

School Attended	From – To	Major	Graduated
	MM/DD/YYYY - MM/DD/YYYY		

Address	City	State	Zip
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Student Signature