TRANSCRIPT REQUEST

TO REGISTRAR OR PRINCIPAL OF _____
(Name of high school or college from which you are requesting transcript)

Please send a copy of my transcript and provide any information on this form to:

Office of Admissions
Vennard College
PO Box 29
University Park, IA 52595

Signed _____ _____
Students Signature **Date**

Student's Name _____

Address _____

City, State, Zip _____

Birth Date _____ Year of Graduation _____

If you have any question, please contact the Admissions Dept. at 1-800-686-8391.