



**New Life Theological Seminary**  
**Post Office Box 790106**  
**Charlotte, North Carolina 28206-7901**  
Voice: 704-334-6882 / Fax: 704-334-6885 / [www.nlts.org](http://www.nlts.org)

## Transcript Request Form

### Applicant Instructions

Complete and send this form to the High School and/or Colleges(s) you have attended or are attending. Do not send it to New Life Theological Seminary. Be sure to check the appropriate boxes. This form may be duplicated if you need to request information from more than one institution. Include proper fees as required by the institution(s).

### Release of Records

I am applying to New Life Theological Seminary. I authorize you to release my academic records as indicated below:

- I am currently enrolled. Please send a copy of my transcript now and at the end of the semester.
- I was enrolled from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_. Please send a copy of my transcript to New Life Theological Seminary.

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Print Complete Name as it appears on Record

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Social Security Number

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Name as it appears on Application for New Life Theological Seminary

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Signature

Date

**Please Mail Transcripts to:** **New Life Theological Seminary**  
**Director of Admissions Office**  
**PO Box 790106**  
**Charlotte, NC 28206-7901**