



WILLIAMS MASTER'S SCHOOL OF THEOLOGY

4232 Wichita St. Fort Worth, TX 76119

Email: info@wmsot.org

TRANSCRIPT REQUEST FORM

(FROM WMSOT TO OTHER SCHOOLS)

Mail your request to the WMSOT Records Office:

Name _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____ Email _____

Birthday _____ Sex ____ M ____ F SS# last 4 digits _____ Marital Status _____

Place of Birth _____ Race _____ Occupation _____

High School Name _____

Street _____ City _____ State _____ Zip _____

Check One:

When attending WMSOT were you: On Site: _____ Online? _____ Correspondence? _____

If on site, what site did you attend and who was your Administrator?

School Site: _____ Administrator Name: _____

NOTICE

The First Student Transcript and the first Official Transcript are free of charge. All other copies are \$15.00 each. Please include payment with this request form. Officially sealed copies will be sent to colleges and businesses only. Student Copy may be sent to Student's Home Address. All transcript requests must be received via mail or fax. No e-mail or telephone requests will be honored due to Privacy Act. All requests must have the Student's written signature.

Address to mail Official Transcript to:

Name of College or Company: _____

Address: _____

City: _____ State: _____ Zip: _____

