



E A R L H A M
SCHOOL of RELIGION

To Applicant: These forms may be helpful when requesting official copies of your transcript(s) from your college or university registrars. Most schools will not release a transcript without a signed request from the student. Be sure to check with each registrar about fees for this service.

To the Registrar of _____
College or University

I request your assistance in facilitating my application process to Earlham School of Religion. Please mail one official transcript bearing the signature of the registrar and the seal of the institution for the applicant named below, directly to: Admissions Office, **Earlham School of Religion**, 228 College Avenue, Richmond IN 47374-4095. Thank you.

Name of applicant _____ Social Security # _____

Current address _____

Years of attendance _____ \$ _____ enclosed

Signature of applicant _____ Date _____

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