

**RECORDS OFFICE  
TRANSCRIPT REQUEST**

*This form is used for a student to request a copy of their transcript. This request has a fee attached to it. You can reference it below. Students must also be in good standing with the school. Good Standing means that students are up to date on their financial and admissions obligations with CFNI. Any request for student records from a student that is NOT in good standing will not be processed.*

Request Date: \_\_\_\_\_ Student's SSN: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Copies Requested: \_\_\_\_\_

Delivery Options

-To be picked-up

***Must be picked-up by the student himself/herself. Anyone picking-up verification letter on behalf of student must provide written/signed permission by student to retrieve this information.***

-To be mailed (if mailing multiple copies to multiple address put instruction on back)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Cost Options (***All requests will not be processed until finances clear***)

-Ready for pickup next business day (\$10.00 fee per copy)

-Mailed out next business day (\$10.00 fee per copy)

-Ready for pickup same business day (\$15.00 fee per copy)

***-all requests for same day pickup must be submitted by 3:00pm***

***-pickup time will be between 3:30pm and 4:30pm***

Payment Options

-Made payment with Finance Window (attach receipt)

-Cash (attach to request)

-Check (attach to request)

-Credit Card (fill out payment information below to right)

Card Type (Visa, MasterCard, etc): \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Number on Card: \_\_\_\_\_

Expiration of Card: \_\_\_\_\_

3-digit security code: \_\_\_\_\_

Office Use Only

-Form completely filled out and signed by student

-Student confirmed for 'Good Standing'

-Finances are processed

-Transcript complete and ready/mailed out

(Date: \_\_\_\_\_)

\_\_\_\_\_  
STUDENT SIGNATURE (REQUIRED)

Mail To: Christ For The Nations  
Attn: Records Office  
P.O. Box 769000  
Dallas, Texas 75375-9000  
Fax Number: (214) 302-6484