



Dale Kietzman
School of Theology

TRANSCRIPT REQUEST FORM

Name _____ Date _____

Social Security # _____ Birth date _____

Address _____

Work# _____ Home# _____

Email address: _____

Last attended: Term _____ Year _____

Degree or Course of Study: _____

Please send an official transcript to:

**Admissions Office
Dale Kietzman University
1350 Altadena Dr, Suite D
Pasadena CA 91107**

**** Student: Most schools charge a fee for official transcripts. Please contact the school to inquire what the fee is before sending the request.**

\$ _____ Fee enclosed

Signature _____