OFFICIAL TRANSCRIPT REQUEST FORM

The Robert E. Webber Institute for Worship Studies

_____

Last Name First Middle

_____

Address

_____

City State Zip

_____

Country

Current Daytime Phone: (_____)_____

Are you currently enrolled? _____Yes _____ No

If 'no', dates of enrollment _____

Is this for employment purposes? _____Yes ____No

I authorize the release of my MWS___/ DWS___ transcript to the person(s) or institution(s) indicated:

_____ _____

Signature **Date**

SEND TRANSCRIPTS TO:

1)_____

Name

_____

Address

_____

_____

_____ # of copies_____

2)_____

Name

_____

Address

_____

_____

_____ # of copies_____

For office use only - Please do not write below this line

Received _____/_____/_____ Sent _____/_____/_____

Official Transcripts are $5.00 (US) each.
Payment can be made online at: http://www.iws.edu/IWS/fla_payments.html.
Send check and/or money order plus this completed form to:
Robert E. Webber Institute for Worship Studies
C/O Registrar
151 Kingsley Avenue
Orange Park, FL 32073