



## TRANSCRIPT REQUEST FORM

To: Admissions Office

Name of High School or College: \_\_\_\_\_

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

\_\_\_\_\_

Dates attended: \_\_\_\_\_

Please send a copy of my academic record to:

FaithWay Baptist College of Canada

Director of Admissions

1964 Salem Road

Ajax, Ontario L1T 4V3

905-686-0951

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student number, if applicable: \_\_\_\_\_