



ZION MINISTERIAL INSTITUTE
Waverly Campus
Residential Ministerial Training Program
 Waverly, New York, United States of America

Request for ZMI Transcript

Student Copy of Transcript: Upon graduation, students receive one complimentary student copy of their transcript. If an additional student copy is desired, please indicate that below. There is no cost for requesting a student copy of your transcript.

Official Copy of Transcript: The official copy of transcript is one sent directly to other schools. Students can make up to five official transcript requests per year for free. If students need more than five official transcripts within a given year, the \$5.00 fee is billed. Official Transcript requests to companies or organizations other than schools cannot be honored, but the student may request a student copy of the transcript and distribute copies of it freely.

Please allow 3 business days for processing. **Transcripts cannot be released if there is a financial hold on the student account.** For security reasons, transcripts will be postal mailed. For further information, contact the Registrar by email at registrar.wav@zmi.edu or by phone at (607) 565-2801.

Clearly print all information.

Please send one Official Transcript to:

Name of School _____

Department _____

Address _____

City, State, Zip _____

Please send me one student copy of my transcript for my personal records.

Student Information

Last Name _____ First Name _____ Middle Initial _____ Maiden/Former Name _____

Current Mailing Address _____ City _____ State _____ Zip/Postal Code _____ Country _____

Contact Phone Number _____ E-mail Address _____

Please indicate the semesters you attended:

Spring Term _____ Year _____ Spring Term _____ Year _____ Spring Term _____ Year _____

Fall Term _____ Year _____ Fall Term _____ Year _____ Fall Term _____ Year _____ **Date Graduated** _____

I authorize Zion Ministerial Institute to release my transcript to the school listed above.

 Student Signature – *Unsigned requests will not be processed* Date _____

Mail this form to:
Registrar
Zion Ministerial Institute
PO Box 70
Waverly NY 14892

OR Fax this form to:
Fax: (607) 565-3329
Attention: Transcript Request
Phone: (607) 565-2801