



Texas Bible College



TRANSCRIPT REQUEST FORM
Office of the Registrar (936) 633-7799 - FAX: (936) 699-2600

STUDENT CHECKLIST:

1. Print and complete this form in its entirety.
2. Sign the form at the bottom.
3. **If Faxing (936) 699-2600** Use MasterCard/VISA/Discover
\$10 per transcript fee
4. Confirm that you do not have any financial obligations to the college.
An unpaid account balance will prevent the processing of your transcript.
5. An Official transcript issued directly to a student is marked "Issued to Student" and may not be accepted by a third party.

If Mailing Texas Bible College Enclose Check or Money Order
Attn: Transcript Request \$10 per transcript fee
3900 College Drive
Lufkin, TX 75901

Name: _____

Maiden Name: _____

Address: _____
Number and Street

SS#/Student I.D.: _____

_____ City

Phone: _____ Other: _____

_____ State Zip

E-Mail Address: _____

Last Year Attended: _____

DELIVERY METHOD: Please mail ___# of copies to:

or: _____ Please hold for pickup by:

_____ (picture i.d. required for pickup)

Transcripts ordered for pick up will be held for two weeks and then destroyed. Student will be responsible for submitting a subsequent request and payment.

If mailed to more than one recipient, please complete a separate form.

PURPOSE:		SPECIAL REQUEST:	
<input type="radio"/>	Transfer to another college	<input type="checkbox"/>	Send transcript now
<input type="radio"/>	Student copy	<input type="checkbox"/>	Send after current grades are posted
<input type="radio"/>	For employment purposes	<input type="checkbox"/>	Send after diploma is completed
<input type="radio"/>	Applying for Ministerial License <i>Transcript fee is waived. Date Needed:</i>	<input type="checkbox"/>	Send after incomplete grade is posted Term: _____ Year: _____
Transcripts are placed in a sealed envelope. Once the seal is broken or the letter is opened the transcript becomes unofficial.			

Office Use Only

Student's signature

DATE

Clerk

Date