

Request for Student Transcript

Name _____ Student ID# _____

Name when enrolled (if different from above) _____

Current mailing address (street) _____

City

State

Zip

Current email _____ Current phone (_____) _____

All or a portion of the above information is new. Please update my record.

SS# and/or birthdate _____ Last semester attended _____

Signature _____ Date _____

Reason for request _____

School(s) attended (Check the boxes that apply.)

Baptist Bible College Baptist Bible Graduate Programs Baptist Bible Seminary

Type of Transcript

# copies _____	<input type="checkbox"/> Unofficial transcript	The only type sent directly to student.
# copies _____	<input type="checkbox"/> Official transcript	Sent directly to another college or business.
# copies _____	<input type="checkbox"/> Official Sealed transcript	Given to the student in a sealed envelope—not to be opened by the student. Send with application or other papers.

Sending Instructions

Send as soon as possible
 Send after current semester

Mail to:

Name of school/business _____

Attn: _____

Address _____

City/State/Zip _____

NOTE: A minimum of two business days is required to process transcripts after receipt of your request. All transcripts will be processed in the order they are received.

Registrar's office only: date rec'd _____ date sent _____



REGISTRAR'S OFFICE | 538 VENARD ROAD, CLARKS SUMMIT, PA 18411
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