



S E A T T L E  
**BIBLE COLLEGE**

## TRANSCRIPT REQUEST FORM

NAME \_\_\_\_\_

Last

First

Middle

Maiden name (if applicable)

Phone # \_\_\_\_\_

Year of graduation/last attendance \_\_\_\_\_

Date of Birth \_\_\_\_\_

# of Copies Requested \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send my transcript to the following address:

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\_\_\_\_\_  
\_\_\_\_\_  
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Transcript fee Paid (\$5.00 per copy)

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- Cash \_\_\_\_\_
- Online \_\_\_\_\_

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**Office Use Only**

Transcript Request Rcd \_\_\_\_\_ Transcript Request Sent \_\_\_\_\_

SBC Release Signature \_\_\_\_\_