



REQUEST FOR TBC TRANSCRIPT

DATE: _____

STUDENT NAME: _____

STUDENT ID#: _____ EMAIL: _____

DATE OF BIRTH: _____ LAST YEAR ATTENDED TBC: _____

PHONE NUMBER (with Area Code): _____

I am requesting a copy of my transcript from Theos Bible College

STUDENT SIGNATURE**

DATE

Please mail my transcript to the following address:

(Please print clearly.)

Organization/Contact

Mailing Address

City State Zip Code

Number of copies _____ x \$10.00: \$ _____

Rush Shipping Fee (if applicable): \$ _____

Total Charges: \$ _____

Payment Method: ___Check ___Visa ___MasterCard ___American Express ___Discover

Credit Card # _____ Exp. Date _____ Security Code _____

****We cannot process your request without your signature.**