



Office of the Registrar
 Tri-State Bible College
 PO Box 445
 506 Margaret Street
 South Point, OH 45680

Transcript Request Form

Date _____ I am requesting _____ transcript(s).

Date of Birth (or other personal identifier) _____

Student Name _____
Last First Middle (Maiden)

Address _____

City State Zip

Please
 Check
 One

- _____ Mail transcripts(s) immediately.
- _____ I will pick up transcript(s) personally.
(Some institutions do **NOT** accept transcripts issued to students as "Official")
- _____ Other _____

IF YOU DESIRE TRANSCRIPT(S) TO BE SENT DIRECTLY TO ANOTHER RECIPIENT, PLEASE COMPLETE ADDRESS LABEL BELOW.

NOTE:

Do you wish a copy of your Christian Service Transcript (if available) to be included with this order? ___ Yes ___ No

Your FIRST transcript is Free – each additional copy has a fee of \$5.00. This fee should be included with this (your) transcript request.

I hereby give my consent to have my transcript(s) released to the addressee on this form.

Date: _____

Signed: _____

**OFFICE
 USE
 ONLY**

Date Received _____	Date Sent _____
File _____	Method Received _____
Bus. Office _____	Paid _____