TRANSCRIPT REQUEST FORM

Please type or print in ink. Please fill out completely.

To the Registrar or Principal:

I have applied to Trinity Baptist Bible College for the:

☐ Fall 200__ ☐ Spring 200__ ☐ Summer 200__

Please send a copy of my:

☐ College Transcript ☐ High School Transcript

To: **Admissions Office**
Trinity Baptist Bible College
2212 North Davis Drive
Arlington, TX 76012

Please include A.C.T., S.A.T., I.Q., or any other standardized test scores, if available. Questions? Call 1-817-460-7940.

Please attach the personal data below to the transcript being sent to Trinity Baptist Bible College.
(*Parent's or Guardian's signature is required if the student is under 18 years of age*.)

Student Signature:_____ Date_____

Parent Signature:_____ Date:_____

Personal Data

Name:_____
Last *First* *Middle* *Maiden*

Mailing Address:_____
Street *City* *State* *Zip*

Social Security Number:_____-_____-_____ Birth Date:_____/_____/_____

Last Term Attended (include year):_____

Schools, Please Note:

If this student is currently a senior, please send transcript which includes the first seven semesters of his high school work. Upon graduation, please send a supplement showing final grades and graduation date.

A transcript for a graduate must include the student's date of graduation in order for the transcript to be considered final.

This form may be duplicated if you need to request transcripts from more than one school.