

TRANSCRIPT REQUEST FORM

DIRECTIONS: Complete this form and return it to Carolina Bible College along with \$5.00 for an official transcript and \$3.00 for an unofficial transcript.

To:

Registrar
Carolina Bible College
817 S. McPherson Church Rd.
Fayetteville, NC. 28303

From:

Student Name: _____

Date of attendance at CBC: From: _____ To: _____

Date of Birth: _____ SSN: _____

Current Address: _____

City: _____ State: _____ Zipcode: _____

Home Phone: _____ Work Phone: _____

Please mail an official copy of my academic transcript to:

School Name: _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Attn: _____

Signature: _____ Date: _____