

Transcript Request Form

Student Instructions

This form may be used to request that an official transcript be sent from Kansas City College and Bible School to another individual, institution or organization. If you are requesting transcripts to be sent to more than one address, complete a separate form or attach a separate sheet listing the additional addresses.

Transcripts will not be released until delinquent accounts have been paid. Requests received without an original signature will not be processed. Computer-generated signatures are not valid. All transcripts will be sent by regular first-class mail unless otherwise prepaid. Please use blue or black ink and print clearly.

Student Information:

Name (while attending) _____
Current Street Address _____
City _____ State _____ Zip Code _____
Primary Phone (____) ____ - ____ Email Address _____
Social Security Number _____ - ____ - _____ Birthdate ____/____/____
Enrollment Status: Currently enrolled OR Year of last enrollment _____

I hereby request that an official transcript be sent to:

Recipient name _____ Organization _____ Address _____ _____ _____ FAX Number: _____ Number of transcripts to be sent to this address _____
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Signature _____ Date ____/____/____

Requests received without a signature will not be processed. Computer-generated signatures are not valid.

For each transcript request, there is a charge of \$5.00, payable in advance.

Please make checks payable to KCCBS.