Eternity Bible College Transcript Request

ID # _____ Date of Request _____

Last Name _____ First _____ M.I. _____

Permanent Address _____

City _____ State _____ Zip _____

Phone Number _____ Cell Number _____

□ I AM a current student.

□ I AM NOT a current student.

_____ # of transcripts requested ($7.00 each)

_____ Please send immediately

_____ Please hold until end of semester.

MAIL TO:

_____

_____

_____

_____

Student Signature (required by federal law)

OFFICE USE ONLY:

Paid: _____ Sent: _____

Denied Memo: _____

We attempt to mail transcripts within one week of receiving the request. A delay of three weeks should be allowed at the beginning and end of each semester to allow time for registration activities, receipt of grades from faculty and clerical processing.

Under the provisions of Public Law 93-579, the Privacy Act of 1974, the College requires a written consent, signed by the student, before the transcripts may be sent.

NO TRANSCRIPT WILL BE ISSUED FOR A STUDENT INDEBTED TO THE COLLEGE.