



TRANSCRIPT REQUEST FORM

Please fill out this entire form and send it to the following address:

Shasta Bible College and Graduate School
Attn: Registrar's Office
2951 Goodwater Ave.
Redding, CA 96002

Or you may fax this request to 530-221-6929 for even faster service.

Official Transcripts

Unofficial Transcripts

Name: _____
Last, First, Mid. Init.

Name, if different while attending SBC: _____

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Email: _____

Are you currently enrolled? _____ If not, when were you last enrolled? _____
Term/Year

When should transcript request be processed?

Now

Hold for Grades

Hold for Degree

Address(es) where transcripts should be sent:

(If the transcript is for someone other than yourself, please provide the full name of the person, company, and/or institution to which you want this transcript sent.)

Student's Signature: _____ Date _____

Office Clearance

Business Office Approval: _____

SBC official who processed this request: _____

Official Transcript was sent: _____
(DATE)

