

TRANSCRIPT REQUEST



TRANSCRIPT REQUEST FORM FOR COLLEGE AND HIGH SCHOOL RECORDS

To the Registrar or Principal:

I have applied for admission to Shasta Bible College & Graduate School for the

Fall Spring Maymester Summer semester of _____
Year

Please send an official copy of my transcript to:

Shasta Bible College
Office of Admissions
2951 Goodwater Ave.
Redding, CA 96002

For any questions you may call us at 1-800-800-4722.

STUDENT INFORMATION

Name: _____
Last First Mid. Init.

Name of student at time of enrollment, if different from above _____

Address _____

City State Zip

Email Telephone Number

Social Security Number Date of Birth Last Term Attended

When should transcript request be processed?

Now Hold for Grades Hold for Degree

Student's Signature _____ Date _____