



TRANSCRIPT REQUEST FORM

Official transcripts are \$10 each and payment must be received before transcripts are released. Payment can be cash, check, or online/over the phone debit/credit card payment. Please fill out this entire form and submit it one of the following ways:

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

Fax: 530-221-6929

Email: registrar@shasta.edu

Number of Official 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: Please provide the **full name and address** of the person, company, and/or institution to which you want this transcript sent.)

Student's Signature: _____ Date _____

OFFICE CLEARANCE

Business Office Approval: _____ Registrar Approval: _____

Payment: Complimentary Check # ____ Cash Credit Card Date Received: _____

Date Official Transcript was sent: _____