

# College Transcript Request

TO THE APPLICANT: Please complete this form and submit it to the registrar's office at all higher educational institutions you have attended (copy as necessary).

TO THE PERSON RECEIVING THIS FORM: I (the student named below) am an applicant for admission to Louisville Bible College and hereby give my permission for the release of my official transcript.

**Please print clearly.**

Name \_\_\_\_\_  
Last First Middle (Maiden)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_ Years Attended \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail to:

**OFFICE OF REGISTRAR**  
LOUISVILLE BIBLE COLLEGE  
P.O. BOX 91046  
LOUISVILLE, KY 40291

