

High School Transcript Request

TO THE APPLICANT: Please complete this form and submit it to your high school guidance office.

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. **If this is not a final transcript, please mail a final official transcript with GPA and date of graduation as soon as possible.**

Please print clearly.

Name _____
Last First Middle (Maiden)

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Social Security No. ____-____-____ Graduation Date _____

Student Signature _____ Date _____

Please mail to:

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

