

WESTERN BIBLE COLLEGE TRANSCRIPT REQUEST FORM

2119 Tracy Ave., Kansas City, MO. 64108



OFFICE OF THE REGISTRAR

TRANSCRIPT REQUEST

To Registrar:

I am requesting that you send an official transcript of my academic record to the following institution:

Name of Institution _____

Address of Institution _____

City, State, Zip Code of Institution _____

Personal Information (please print)

Name of person making the request _____

Mailing Address _____

City, State, Zip Code _____

Email address _____

Dates attended Western Baptist Bible College _____

Year of Graduation _____

Circle the Campus Location Attended: Main St. Louis Wichita Topeka Junction City Olathe

Date of Transcript Request _____

Contact Number _____

Student Signature _____

OFFICIAL COLLEGE USE ----- Unofficial Transcript Request Official Transcript

Request Payment received: Cash _____ Check (Payable to Western) _____

Date completed by Registrar _____