

TRANSCRIPT REQUEST FROM HIGH SCHOOL OR COLLEGE RECORDS



TO THE PRINCIPAL OR REGISTRAR:

I have applied to Appalachian Bible College for:

FALL, 20 ____ SPRING, 20 ____

Please send a copy of my:

COLLEGE TRANSCRIPTS HIGH SCHOOL TRANSCRIPTS

To: Director of Admissions
Appalachian Bible College
161 College Dr.
Mount Hope, WV 25880

Please attach the personal data I have listed below to the transcript being sent to Appalachian Bible College.

Signature _____ Date _____

PERSONAL DATA *(To be completed by student.)*

Last Name First Maiden/Middle Social Security Number

Address Last Term Attended (Yr.)

City State/Zip Phone

Name at time of enrollment if different from above Birth Date Grad Date