

APPALACHIAN BIBLE COLLEGE OFFICE OF THE REGISTRAR



TRANSCRIPT REQUEST FORM

Transcripts may be ordered by mail, FAX or email. By federal law, transcripts may be ordered only by the person whose name appears on the transcript. Please allow at least one week during the term and two weeks at the beginning or end of a term.

Please return the completed form by one of these methods:

Mail to:
Appalachian Bible College
Registrar's Office
161 College Drive
Mt. Hope WV 25880

Fax to:
(304) 877-5082
Attention: Registrar

***Email to:**
transcriptrequest@abc.edu
*Must be sent as a scanned attachment with your signature.

Print Name: _____

Maiden Name/Other Name Enrolled Under: _____

Social Security Number: XXX-XX- (only enter last 4-digits)

Home Address: _____

*Signature: _____

Date: _____

Please send a copy of my transcripts to:

Official copy needed Unofficial copy needed

Number of copies needed: _____

Please send: Immediately After current semester's grades are recorded

PAYMENT: The first transcript request fee is free. Additional copies are **\$5.00 each**. No transcripts are issued until financial obligations with Appalachian Bible College are fully met. You may send payment to the address listed above or call (304) 877-6428, Extension 3245 to use a credit or debit card.

OFFICE USE ONLY

Business Office Approval: Yes No Date: _____
If no, reason: _____

Initials: _____ ID #: _____

Date Received: _____

Postmark Date: _____

Paid: Yes No 1st copy free

Method of Payment: _____

Date Sent: _____

Sent By: _____