



CAROLINA COLLEGE
of BIBLICAL STUDIES
REGISTRAR

Transcript Request Form

Name _____
Last First Middle

Social Security # _____ Cell # _____

Date of Birth (mm.dd.yyyy) _____ Attendance Dates _____

Current Email Address _____

Current Mail Address _____

Please circle the type of transcript to send below, then write the recipient address. Official: \$5 Unofficial: \$3

Official / Unofficial

Official / Unofficial

_____	_____
_____	_____
_____	_____
_____	_____

Required Authorization

Payment Information: (We also accept payment by check, money order, or cash if you mail your request to our office.)

Credit/Debit Card # _____ Expiration _____ CVN (3-digit) _____

Student's Signature: _____ **Date:** _____

By signing this form, you authorize the Registrar's Office to send your transcript to designated address(es) listed.

Submit completed form to:
Carolina College of Biblical Studies
Office of the Registrar
817 S. McPherson Church Rd.
Fayetteville, NC 28303
or Fax: 910.323.0425

REGISTRAR USE ONLY

Payment Date _____ Amount \$ _____ Holds _____ Date Sent / Picked Up _____