

**TRANSCRIPT REQUEST FORM**

**It is the responsibility of the applicant to request from all colleges attended that an official transcript be sent directly from the school to Cornerstone Bible College & Seminary.**

**This form is provided to aid you in obtaining these transcripts. Should you require additional forms, you may obtain them from the college office or you may have copies made of this form.**

**Simply complete the form and mail it to the institution from which you are requesting a transcript.**

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**AUTHORIZATION FOR TRANSCRIPT RELEASE**

**(please print)**

**Name:** \_\_\_\_\_

**Name under which I attended, if different from above:**

\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date(s) of Attendance:** \_\_\_\_\_

**I hereby authorize you to send a copy of my transcript directly to:**

**CORNERSTONE BIBLE COLLEGE & SEMINARY  
P.O. Box 250  
Stanleytown, VA 24168**

*If there is a charge for this transcript, please bill me at my current address.*

\_\_\_\_\_  
*Signature* *Date*

**PLEASE RETURN THIS FORM WITH TRANSCRIPT**