

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.

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
8911 Fairystone Park Highway
Bassett, VA 24055**

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

Signature *Date*

PLEASE RETURN THIS FORM WITH TRANSCRIPT