

**God's Bible School and College**  
**Office of the Registrar**

1810 Young Street, Cincinnati, OH 45202

Phone: 513.721.7944 ext. 1111

Fax Service: 513.453.4004

Email: registrar@gbs.edu

**Transcript Request**  
**Instructions**

**Charges:** There is a \$5 fee per transcript. (Unofficial transcripts picked up in person are free.)  
Transcripts will not be issued until payment is received.

**Request by mail:** Transcripts may only be released when our office has received a signed request from the student whose name appears on the transcript. A request form is provided on the next page. Please complete the entire form and mail it to the address listed above.

**Request by fax:** Requests may be faxed to the above number. Faxed requests must be paid by Visa, MasterCard or Discover (see form below).

**Request by email:** We are unable to accept email requests.

**Processing time:** Please plan ahead. Requests are usually processed in the order that they are received, within 5-7 business days. We will not process your request if you still have an outstanding balance.

**Expedited Requests:** There is a \$5 surcharge (per transcript) to process your request within 2 business days of receiving your request.

*Request form on following page.*

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**Credit Card Payment Form**

Use this form only if:

1. You wish to fax the request form *(must be accompanied by credit card payment)*.
2. You wish to pay by credit card rather than with a check.

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Type of Card:    Visa    MasterCard    Discover    *(We accept only Visa, MasterCard, or Discover)*

Cardholders name as it appears on the Card: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount: \_\_\_\_\_

*(\$5 per transcript requested)*

Telephone:    Work    -    (    )    \_\_\_\_\_

Home    -    (    )    \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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Office Use Only

<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> P	Sent _____
Received:	_____		Recorded _____
Paid:	_____		Type Issued _____
<input type="checkbox"/> Credit	<input type="checkbox"/> Check	<input type="checkbox"/> Cash	<input type="checkbox"/> NA
<input type="checkbox"/> form sent to Cashier			<input type="checkbox"/> OM <input type="checkbox"/> OS <input type="checkbox"/> F <input type="checkbox"/> I

# God's Bible School and College

## Transcript Request

Instructions on previous page. Use separate form for each request.

### Identification and Contact Information

Name (printed): \_\_\_\_\_

Former or Maiden Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required)

Street and Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Telephone: (\_\_\_\_) \_\_\_\_\_ Home Telephone: (\_\_\_\_) \_\_\_\_\_

### Enrollment Information

Dates of last attendance: Semester \_\_\_\_\_ and year \_\_\_\_\_

If currently enrolled, do you want this request held until the end of the term?  Yes  No

Department: College Christian Worker's Course

(Direct requests for transcripts from the High School or Academy to the appropriate principal's office.)

### Type of Transcript

Please release my transcript to (select one):

Person or Institution by mail Official transcript mailed directly to the person or institution.

Individual/Office:	_____
Institution/Address:	_____
	_____
	_____

Myself, sealed Official transcript is enclosed in a sealed and dated envelope, marked "Official If Delivered Unopened."  
Use this option if you are to hand-deliver an official copy.

Myself, unsealed Transcript is marked "Issued to Student."  
Most receiving institutions will not consider this to be an official transcript.

Fax Number \_\_\_\_\_

Receiving Person or Institution: \_\_\_\_\_

### Authorization

*Remember to enclose fee.*

I hereby authorize God's Bible School and College to release my academic transcript to the person or institution indicated above.

Requestor's Signature (required)

Date of Request (required)