

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. All transcripts are mailed by regular mail.

Request form on following page.

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.

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: _____

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"/> OM <input type="checkbox"/> OS <input type="checkbox"/> F <input type="checkbox"/> I |
| <input type="checkbox"/> form sent to Cashier | |

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.
- Email Address _____
Unofficial transcript emailed as a PDF attachment.
- 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)