



Tri-State Bible College
 Office of the Registrar
 PO Box 445
 506 Margaret Street
 South Point, OH 45680
 740-377-2520, ext 10
 Bobby.Mercer@TSBC.edu

Transcript Request Form

Date _____

I am requesting _____ transcript(s) Student's date of birth _____
(number of transcripts)

Student Name _____
Last First Middle (Maiden)

Current Address _____
Street address or PO Box

City State Zip

Approximate dates attended TSBC _____

Please
Check
One

- _____ Mail transcript(s) immediately to the address noted below.
- _____ I will pick up transcript(s) personally at TSBC in South Point.
(Most institutions do **NOT** accept transcripts issued to students as "Official")
- _____ Other _____

If you request transcript(s) to be sent directly to another recipient, please record the address below. At this time, TSBC will not email transcripts.

Organization _____

Attention _____

Address _____

City/State/Zip _____

Your **FIRST** transcript is free – each additional transcript carries a fee of \$5.00. This fee should be included with this transcript request.

I hereby give my consent to have my transcript(s) released to the addressee on this form.

Date: _____

Signed: _____

For Office Use Only

Date Request Received _____	Date Transcript Sent _____
Payment Received _____	Transcript Filed _____
Student in Good Standing _____	