

# TRANSCRIPT REQUEST FORM

*Please type or print in ink. Please fill out completely.*

## To the Registrar or Principal:

I have applied to Providence Baptist College for the:

Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

## Please send a copy of my:

College Transcript  High School Transcript

To: Admissions Office  
Providence Baptist College  
345 West River Road  
Elgin, IL 60123  
Fax: 847-931-7259

**Attach the personal data given below to the transcript being sent to Providence Baptist College. (Parent or Guardian's signature is required if the student is under 18 years of age.)**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Data

Name: \_\_\_\_\_  
Last First Middle Maiden

Mailing Address: \_\_\_\_\_  
Street City State Zip

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Term Attended (include year) \_\_\_\_\_

## Schools, Please Note:

If this student is currently a senior, please send a transcript that includes the first seven semesters of his high school work. Upon graduation, please send a supplement showing final grades and graduation date.

A transcript for a graduate must include the student's date of graduation in order for the transcript to be considered final.