

TRANSCRIPT REQUEST FORM

Please print in ink. Please fill out completely.

To the Registrar or Principal:

I have applied to Providence Baptist College for:

☐ Fall 20____ ☐ Spring 20____ ☐ Summer 20____

Please send a copy of my:

☐ College Transcript ☐ High School Transcript

Mail or Email

Admissions Office
Providence Baptist College
345 West River Road
Elgin, IL 60123
office@pbcmaverick.com

**Attach this personal data 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.)**

Personal Data

Name _____

Address _____

Last term attended (include year) _____

Student Signature _____ Date ____/____/____

Parent Signature _____ Date ____/____/____

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.