

Transcript Request

Name: _____

Date: _____

Current Address: _____

Phone: _____

Date of Birth: _____

ID#/SSN#: _____

Years Attended: _____

E-mail: _____

Name While Attending NBTS: _____

TRANSCRIPTS ARE ISSUED ONLY UPON WRITTEN AND SIGNED AUTHORIZATION OF THE STUDENT.

A minimum of five business days should be allowed for processing. We will not provide transcripts to students who have an outstanding debt to the Seminary or who owe fines, books or other materials to the Gardner Sage Library. Official transcripts will not be provided for Auditing students, although the Registrar upon written request of the student will issue a letter indicating courses completed.

THERE IS A \$10.00 FEE PER OFFICIAL COPY ORDERED

I. COPY ONE - Please Check One:	
<input type="checkbox"/>	Official / Sealed
<input type="checkbox"/>	Unofficial/File Copy \$5
<input type="checkbox"/>	Enrollment Verification Letter Only \$5

II. COPY TWO - Please Check One:	
<input type="checkbox"/>	Official / Sealed
<input type="checkbox"/>	Unofficial/File Copy \$5
<input type="checkbox"/>	Enrollment Verification Letter Only \$5

Institution: _____

Institution: _____

Attn: _____

Attn: _____

Address: _____

Address: _____

Phone/Email: _____

Phone/Email: _____

SIGNATURE OF RELEASE

Method of Payment:

Cash Check/Money Order

Visa* American Express* Discover* Master Card*

Card #: _____ Security Code: _____ Exp. Date: _____

Card Holder Signature: _____

*\$10.00 MINIMUM FOR ALL CREDIT CARD TRANSACTIONS

OFFICIAL USE ONLY:

Date Received: _____ Date Cleared: _____ Date Processed: _____ Amount Paid: _____