



Austin Bible Institute

Transcript Request

Student Information

Student Name: _____

Student ID #: _____

Address: _____

City, State, Zip _____

Email: _____

Phone: _____

I AM a current student

Please send immediately

Number of Transcripts ____
(\$7 each)

I AM NOT a current
student

Please send at end of semester

MAIL TO:

Student Signature (Required by law)

Date

OFFICE USE ONLY

Paid

Sent

Denied Memo: _____

We attempt to mail transcripts within one week of receiving the request. A delay of three weeks should be allowed at the beginning and end of each semester to allow time for registration activities, receipt of grades from faculty and clerical processing. Under the provisions of Public Law 93-579, the Privacy Act of 1974, the College requires a written consent, signed by the student, before the transcripts may be sent.