

Hopkinsville College of the Bible
125 North Vine Street * P. O. Box 58
Hopkinsville, KY 42241

Fax: (270) 886-1655 *Telephone (270) 886-1655* email: hopkinsvillecoll@bellsouth.net

Request for Official Transcript

Students

This form is to aid to you in requesting your **official transcript** from previously attended schools. Please submit this form to the Registrar's office for which you are requesting your transcript.

I am requesting my **official transcript** from the institution below.

To: _____ Registrar's Office _____

FAX: _____

Institution: _____

Address: _____

City,State,Zip: _____

I am proving the following information to assist you in locating my records.

Current Name: (if different) _____

Name while enrolled: _____

Date of Birth: _____ List Year (s) Attended _____

Date of Graduation (if applicable) _____

I hereby authorize the release of my official transcript to Hopkinsville College of the Bible.

Student Signature: _____

Student's Address: _____

City,State,Zip: _____

Telephone: _____

For School

Transcripts are not considered **official** if they are emailed or faxed.

Please submit an official copy of student's transcript with this form to Registrar's office at the mailing address above.