

Cumberland Baptist Institute

REQUEST FOR TRANSCRIPT

Name _____ **SSN** _____ **Date** _____
First Middle/Maiden Last

Address _____

_____ **City** _____ **State** _____ **Zip** _____

First Year Attended (Approximate) _____

Last Year Attended (Approximate) _____

I Am Currently Enrolled _____

Number of Transcripts Requested _____

(First copy @ no charge, each additional copy @ \$2.00)

I am using this transcript for:

_____ College Admittance

_____ Job

_____ Official

_____ Self

_____ Other (Describe) _____

_____ I will pick up transcript (when) _____

_____ Please mail transcript

_____ Please mail at end of semester when grades are available

_____ Please include any degree earned on transcript

Special

Instructions: _____

Mail Transcript

to: _____

Signature: _____ **Phone:** _____

(Student must sign to release transcript)

Name, if different, at time of attendance
