

Temple Baptist College
 Registrar's Office
 11965 Kenn Road
 Cincinnati, OH 45240
 Ph. 513-851-3800 Fax. 513-589-3052
 www.templebaptistcollege.com

TRANSCRIPT REQUEST

PLEASE PRINT

Full Name _____
 First _____ Middle _____ Last _____ Maiden _____

Current Address _____
 Street _____ Apt _____ City _____ State _____ Zip _____

Birthdate _____ E-mail Address _____

SSN# _____ Phone Number _____

Signature _____ Date _____

(CHECK APPROPRIATE BOXES)
 OFFICIAL COPY (\$10.00) Payment by: Cash \$ _____ (Payable to TBC)
 UNOFFICIAL/FAX COPY (\$5.00) Check \$ _____
 PRIORITY SERVICE FEE (\$5.00) Quantity _____
 Visa MasterCard Discover Card
 (Processed Next business day.
 Only one priority fee necessary.)
 Payment must be received in the
 Registrar's Office before a transcript will be
 released.

SEND TRANSCRIPT TO:

Name _____

Address _____

City _____ State _____ Zip _____

(Use one request form for each address.)

INSTRUCTIONS TO THE STUDENT

1. A separate transcript request must be completed for each transcript to be mailed or delivered to a different recipient.
2. All outstanding financial obligations to the college must be cleared before a transcript may be issued.
3. Transcript fees must be received in the Registrar's Office before a transcript may be issued.

Official Transcripts	\$10.00 each
Unofficial/Fax Transcripts	\$5.00 each
Priority Service Fee	\$5.00
Special Mailing	Call Registrars Office

Please complete the following questions:

Last quarter attended _____

Degree and Major _____

Graduation Date _____

Process transcript now?

- Yes No

OR

Hold for:

- Grade change
 End of term grades
 Other

Explain _____

Purpose of Transcript:

- Transfer
 Employment
 Military
 Scholarship
 Graduate Studies
 Other _____

For
 Office Use
 Only

Initials of
 Person Taking
 Request

Amount/Type of Payment
 Received

Date Request
 Posted

Initials of
 Person Processing
 Request

Date Mailed
 or Picked Up

Administrative
 Office Approval
 Date