



## Transcript Request Form

(Applicant:-Copy this form as needed)

Student: Mail to the school from which you are requesting a transcript, and enclose the required transcript fee.

### From: Name of Student

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Last Name	First Name	Middle Initial		
Address		City	State	Zip Code
Social Security Number _____ - _____ - _____		Last term attended _____		
Maiden Name _____				

### To: Office of the Registrar

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Complete the name of the college, university, or school

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Address	City	State	Zip Code
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### Please forward a copy of my transcript(s)\* to:

Urban Bible College  
Admissions Office  
2224 W. Kilbourn Ave.  
Milwaukee, WI 53233  
Phone: 414-931-6670  
Fax: 414-931-1804

\* If student has taken ACT or SAT at this institution, please include test scores with transcripts.

I have enclosed the transcript fee of \$ \_\_\_\_\_

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**Student Signature**

**Date**