CITY ON A HILL
URBAN BIBLE COLLEGE

Transcript Request Form

To: The Office of the Registrar, City on a Hill Urban Bible College

From:

_____

Last Name First Name Middle Initial

_____

Address City State Zip Code

Social Security Number _____-_____-_____ Birth date _____

Last term attended _____ Date transcript requested_____

Please send a copy of my official transcript to:

☐ To the above address

☐ _____

Name of the college, university, or person.

_____

Address City State Zip Code

Student: Please make a check or money order out to Urban Bible College in the amount of $10.00 per transcript. Transcript will be sent directly to the above address within 3-4 weeks of date received.

_____

Student Signature **Date**

Send to: Admissions Office, Urban Bible College, 2224 W. Kilbourn Ave. Milwaukee WI 53233.

For UBC Staff Use Only

Date Transcript Request Received: _____ *By:*_____

Date Transcript Sent: _____ *By:*_____