



Portland Bible College

Transcript Request

Date of Request _____ Dates of Attendance _____

Student name in Full _____

Last

First

Middle

Address _____

Street

City

State

Zip Code

Birthdate _____ Social Security # _____

Date _____ Signature _____

To whom it may concern:

I hereby authorize you to release a copy of my transcripts to be sent to:

Portland Bible College
Office of Admissions
9150 NE Fremont
Portland Oregon 97220

Student Signature: _____

Note: High School Transcript must reflect graduation date



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