

PBC TRANSCRIPT REQUEST FORM



YOUR INFORMATION

Name: _____
First Middle Last Former/Maiden

Address: _____
Street

City State Zip Code

Dates Attended PBC: _____ Birth Date: _____ Phone: _____

Social Security # : _____ Email: _____

ORDER: TRANSCRIPTS WILL BE SENT THROUGH STANDARD MAIL. WE DO NOT HAVE THE OPTION OF EXPRESS OR NEXT DAY DELIVERY

Number of Copies _____ **UN-OFFICIAL TRANSCRIPT (\$3.00)** will be processed within 3-5 business days

Number of Copies _____ **OFFICIAL TRANSCRIPT (\$5.00)** will be processed within 3-5 business days

Number of Copies _____ **OFFICIAL TRANSCRIPT – RUSH ORDER (\$10.00)** will be processed within 24-48 hours

Total number of Transcripts requested: _____

MAILING INFORMATION:

I authorize my transcripts to be mailed to: Myself, at the address listed above **OR** To the address listed below:

Name/Organization: _____

Attention to (Optional): _____

Address: _____
Street

City State Zip Code

Student Signature: _____

METHOD OF PAYMENT: ALL FINANCIAL BALANCES MUST BE CLEARED BEFORE TRANSCRIPTS CAN BE RELEASED

- Cash enclosed
- Check enclosed

CONTACT INFORMATION:

Mail: Portland Bible College
Attn: Registrar's Office
9150 NE Fremont St
Portland, OR 97220

Fax: 503.889.5708

Email: clmarin@portlandbiblecollege.org