

# College/High School Transcript Request Form

Please print this form, complete and submit to your high school and/or all former colleges.

**Name**                      **Last:**  
   **First:**  
   **Middle Initial:**  
   **Maiden:**

**My records would be under the name of:**

**Current Address:**

**City:**                                      **State:**                      **Zip:**

**Home Telephone:**                      **Work Telephone:**

**Social Security Number:**                      **Date of Birth:**

**Year of Graduation:**                      **Dates Attended:**

**Please send an official transcript of my records to:**

Admissions Office  
Roanoke Bible College  
715 N. Poindexter Street  
Elizabeth City, NC 27909-4054

\$ \_\_\_\_\_ fee is enclosed for the transcript request.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_