

Covenant Bible College & Theological Seminary

OFFICE OF ADMISSIONS
Post Office Box 1637
New Albany, IN 47151 USA
Email: admissions@cbcts.us
Web: www.cbcts.us

REQUEST FOR TRANSCRIPT

To: Guidance Office/Office of Registrar and Records
(Please Print)

Name of School/College

I, _____, request that you send an official copy of my transcript to:

Covenant Bible College & Theological Seminary
Office of Admissions
P. O. Box 1637
New Albany, IN 47151-1637

I last attended your school: _____
Month/Semester Year

_____-_____-_____
Social Security Number Signature Date

_____/_____/_____
Date of Birth Maiden Name (if applicable)

If there is a charge, please contact me at the address below:

NOTE TO THE APPLICANT:

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain states requires that permission be granted for the release of academic records by schools. For that reason, it is necessary for you to request that your transcript(s) be mailed to our office. **Transcript(s) marked "Issued to Student" will not be considered as official for admission to programs at Covenant Bible College & Theological Seminary.** Please complete and sign the letter above and submit it to your principal or counselor at your high school and/or the registrar at the college(s) you have attended. *Thank you.*