



INDIANA BIBLE COLLEGE Transcript Request

APPLICANT

Please provide the following information and mail or fax this form to all high schools and colleges you have attended, requesting that a copy of your transcript be sent to Indiana Bible College. Your transcript(s) must be on file with Indiana Bible College before we can process your application.

Full Name _____ Maiden Name _____
Permanent Address _____
City _____ State _____ ZIP _____
Phone _____ - _____ - _____ E-mail _____
Student ID# _____ Last Year of Attendance _____

ATTENTION REGISTRAR

I am applying for admission into Indiana Bible College and I request that a copy of my transcript be sent to the following address:

Indiana Bible College Admissions

1502 East Sumner Avenue
Indianapolis, IN 46227

Applicant's Signature _____ Date ____ | ____ | ____

If there is any charge for this service, please bill me at the permanent address listed above.