



# Biblical Life College & Seminary

Student Services

P. O. Box 160

Seymour, MO 65746-0160

Phone: 417-738-2845

## Transcript Request Form

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Diploma or Degree Earned:

\_\_\_\_\_

Completed: \_\_\_\_\_

I hereby request that \_\_\_\_\_ transcript(s) be mailed to the address below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Transcripts are \$7.50 each.

I have enclosed a check in the amount of \$\_\_\_\_\_ for the transcripts requested.

**[Note: Transcripts cannot be issued until a program is completed and all tuitions due are paid in full.]**