

Request for Student Copy of Transcripts

Transcript Request

First request is free. All additional requests for student copies are \$10 each at each level (e.g. KWA , Assoc, Bach, Mast, Doc).

Request must be signed by student

Request MUST be in writing and sent through the Post Office

Request must be mailed to the Records Office:

High School:

KWA

P.O. Box 339

Norris City, IL 62869

Bible College:

ICBT

P.O. Box 339

Norris City, IL 62869

Personal Information

Full name on original application: _____

Date of birth: _____

Place of birth (City & State or Country): _____

Current address: _____

Last 4 numbers of Social Security: _____

Phone number: _____

Email address: _____

School Information

Full name when graduated: _____

Date of graduation: _____

If degree: Discipline e.g. Bachelor of Biblical Studies, Master Theology: _____

Is the request for Bible College? _____ Is it High School? _____

If classes taken on-site, city & state where taken: _____

Were the classes taken externally? _____

Student address while attending classes: _____

Student Copy of Transcript

It takes 2 – 3 weeks to complete

Be sure student address is correct

I attest (confirm) that I have completed the program and have paid all my fees.

Print Name

Signature

Date