



# CENTRAL CHRISTIAN COLLEGE OF THE BIBLE

## TRANSCRIPT REQUEST FORM

**TO THE APPLICANT:**

PLEASE COMPLETE THIS FORM AND SUBMIT IT TO YOUR HIGH SCHOOL OFFICE OR TO THE REGISTRAR OF EACH COLLEGE OR UNIVERSITY YOU'VE PREVIOUSLY ATTENDED (you may copy this form as many times as necessary).

**TO THE HIGH SCHOOL OFFICE:**

I (the undersigned) AM APPLYING TO CENTRAL CHRISTIAN COLLEGE OF THE BIBLE. I GIVE PERMISSION FOR THE RELEASE OF MY OFFICIAL TRANSCRIPT. THIS TRANSCRIPT IS NECESSARY IF I AM TO BE CONSIDERED FOR ADMISSION TO CCCB. IF I HAVE NOT GRADUATED HIGH SCHOOL, I UNDERSTAND THAT I WILL NEED TO HAVE A COMPLETE TRANSCRIPT SENT AFTER GRADUATION. IF I HAVE GRADUATED MY TRANSCRIPT MUST HAVE MY GRADUATION DATE CLEARLY MARKED.

**TO THE COLLEGE REGISTRAR:**

I (the undersigned) AM APPLYING TO CENTRAL CHRISTIAN COLLEGE OF THE BIBLE. THIS TRANSCRIPT IS NECESSARY FOR MY PLACEMENT AND FOR TRANSFER OF CREDITS. PLEASE SEND TRANSCRIPTS OF ALL COMPLETED SEMESTERS.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE : \_\_\_\_\_ ZIP \_\_\_\_\_

DATES ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADUATED? \_\_\_\_\_ DATE: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PLEASE SEND TRANSCRIPT TO:

Central Christian College of the Bible  
ATTN: ADMISSIONS DEPARTMENT  
911 E. URBANDALE DR.  
MOBERLY, MO 65270