



# Central Christian College of the Bible

## Transcript Request Form

Please allow 7 days for processing.

Requests received during registration week may take 2 weeks to process.

### Student Information

(Please print and include maiden name if now married.)

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Dates of Attendance from \_\_\_\_\_ to \_\_\_\_\_

Number of official copies needed (\$5 per copy): \_\_\_\_\_

Time to process:  Now  End of current semester

### Payment Information

(select payment type)

Check enclosed for amount: \_\_\_\_\_

Cash enclosed for amount: \_\_\_\_\_

Credit Card Information for amount: \_\_\_\_\_

Name on card \_\_\_\_\_

Number on card \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_  Mastercard  Visa

Signature of cardholder \_\_\_\_\_

### Mail Transcript(s) To

(Please print clearly. Choose only one delivery method per copy.)

Copy 1: \_\_\_\_\_

mail \_\_\_\_\_

fax \_\_\_\_\_

pick-up \_\_\_\_\_

Copy 2: \_\_\_\_\_

mail \_\_\_\_\_

fax \_\_\_\_\_

pick-up \_\_\_\_\_

Copy 3: \_\_\_\_\_

mail \_\_\_\_\_

fax \_\_\_\_\_

pick-up \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form to:  
Central Christian College of the Bible  
Attention: Registrar  
911 E. Urbandale Drive  
Moberly, MO 65270

You may also fax the completed form to  
the College Office: 660-263-3936  
For questions, call 660-263-3900