

 DESERT BAPTIST BIBLE COLLEGE
TRANSCRIPT REQUEST FORM

Enroll in the fall semester spring semester of year: _____

APPLICANT TO BE FILLED OUT BY APPLICANT.

Name: _____

Graduation Date: ____/ ____/ ____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____

Name of Previous School or College: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____

I am authorizing the release of the following information to be considered in my application for admission to Desert Baptist Bible College and understand that the information will be held in confidence by the college and will not be released to me or anyone else. I understand that this questionnaire will be sent to Desert Baptist Bible by the person completing the information below.

Applicant's signature: _____ Date: _____

THIS FORM SHOULD NOT BE RETURNED TO THE ME. AFTER COMPLETION, PLEASE ATTACH A COPY OF THE MY ACADEMIC RECORDS AND SEND VIA SCAN, FAX, OR MAIL TO:

Desert Baptist Bible College
Registration Office
2175 S. Gilbert Rd., Gilbert, AZ 85295
Fax: 480.214.0257
Email: registrations@desertbbc.org