

INDIANA BIBLE COLLEGE TRANSCRIPT REQUEST

APPLICANT

PLEASE PROVIDE THE FOLLOWING INFORMATION AND MAIL OR FAX THIS FORM TO ALL HIGH SCHOOLS AND COLLEGES YOU HAVE ATTENDED, REQUESTING THAT A COPY OF YOUR TRANSCRIPT BE SENT TO INDIANA BIBLE COLLEGE. YOUR TRANSCRIPT(S) MUST BE ON FILE WITH INDIANA BIBLE COLLEGE BEFORE WE CAN PROCESS YOUR APPLICATION.

Full Name _____ Maiden Name _____

Permanent Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Student ID # _____ Last year of attendance _____

ATTENTION REGISTRAR

I am applying for admission into Indiana Bible College and I request that a copy of my transcript be sent to the following address:

INDIANA BIBLE COLLEGE ADMISSIONS
1502 EAST SUMNER AVENUE
INDIANAPOLIS, IN 46227

Applicant's Signature _____ Date _____

If there is any charge for this service, please bill me at the permanent address listed above.



Phone: (317) 554-8069 Fax: (317) 783-9464
Web site: www.go2ibc.com