

Transcript Request Form

NOTE: The cost for each copy of a transcript is \$10. Transcripts will only be sent out for students whose NBC accounts are paid in full.

Personal Information

Name: _____
First Middle Last
Maiden Name (if applicable): _____
Box Number/Street Address: _____
City: _____ Prov/State: _____ Postal Code: _____
Phone: _____ Email Address: _____
Years attended (e.g. 1999-2002): _____
Date of Birth (month/day/year): ____ / ____ / ____

Request Details

Date Requested: _____ Date Needed: _____
Number of copies to be sent: _____
NBC's aim is to send out your transcripts within 3 working days of receiving this request. Filling out this form completely and including \$10 for each transcript will enable us to fulfill your request promptly.

Mailing Information *(address to which the transcript will be sent)*

Name: _____
Box Number/Street Address: _____
City: _____ Prov/State: _____ Postal Code: _____
FAX number (if applicable): _____

I authorize Nipawin Bible College to send a copy of my academic transcript to the recipient indicated on this form.

Signature: _____ Date: _____
Month/Day/Year