



# CHRISTIAN BIBLE COLLEGE OF LOUISIANA

P.O. BOX 850075  
NEW ORLEANS, LA 70185  
(504) 466-6131

## OFFICIAL REQUEST FOR TRANSCRIPT FORM

Please complete this form and mail with \$15.00 for each transcript to Christian Bible College of Louisiana at its mailing address below.

If you have an unpaid balance, transcripts will not be issued. Federal law requires your written SIGNATURE.

Mailing Address:

Christian Bible College of Louisiana  
P.O. Box 850075  
New Orleans, Louisiana 70185

Phone: (504) 466-6131

(PLEASE PRINT)

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Street Address

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

Phone \_\_\_\_\_

Today's Date \_\_\_\_\_

Dates of Attendance \_\_\_\_\_

Number of Transcripts Needed \_\_\_\_\_

x \$15.00 each

Total \_\_\_\_\_

Print exact name with official title, office, and complete address where transcript is to be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature (REQUIRED)

Any transcript issued to a student must be labeled "UNOFFICIAL". An official transcript must be sent directly to another college, university or organization. Please allow three (3) to six (6) weeks for transcripts to be processed.