



Transcript Request Form

Louisville Bible College
Office of the Registrar
PO Box 91046
Louisville, Kentucky 40291
Office Phone: (502) 231-5221

Complete form must be mailed or faxed.
Fax: (866)318-9190
Attn: Registrar's Office
Transcripts are \$10 each, payable by check, cash or credit card over the phone.
At this time, Louisville Bible College can not fulfill requests for expedited transcripts.

Last Name	First Name	Middle Initial	Maiden Name	Other Last Names
Street Address			Apt./Suite/Unit	
City	State	Zip	() -	Daytime Phone
Email Address			Date of Birth (mm/dd/yyyy)	

TYPE OF REQUEST: ___ Official ___ Unofficial How many at this address? _____

SEND TO (print complete address): _____

By signing below, I authorize the release of my transcript to the address(es) listed above.

Signature: _____ **Date:** _____

(A signature is required on all transcript requests)

CURRENT ADDRESS AND PHONE NUMBER: _____

For Office Use Only:

Date Received: _____

Invoice No. _____

Method of payment: _____

Check # (if applicable): _____

Date Transcript Mailed: _____

Release of Academic Transcripts:

The Family Educational Rights and Privacy Act of 1974 prohibits release of student academic transcripts (and other student data) without the student's written consent. Louisville Bible College policy is not to copy or release transcripts and other personal data from high school and other colleges. Because the student's signature is required for release of transcripts, requests made by telephone or e-mail cannot be honored. All requests should include the student's full name (including maiden name, if applicable), address, social security number, and name and address of the person to whom the transcripts should be sent. **Transcripts will not be released for current and former students whose financial accounts with the college are not paid in full or who have overdue books from the college library.**