

TRANSCRIPT REQUEST  
Ambassador Baptist College  
PO Box 158  
Lattimore, NC 28089

|                            |       |
|----------------------------|-------|
| DO NOT write in this space |       |
| Date Received              | _____ |
| Date Sent                  | _____ |
| Computer Entry             | _____ |

Requirements for transcript requests:  
Before transcript requests can be processed:

1. Send a signed written request for a transcript including recipient's address.
2. A \$5.00 fee per transcript should be forwarded to our Business Office.
3. Student's account must be current in Business Office.

Name \_\_\_\_\_  
Last First Middle/Maiden

Date of Birth \_\_\_\_\_ ABC ID# \_\_\_\_\_

Current Address \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip code

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Transcript to be used for:

- Employment  Other (specify) \_\_\_\_\_  
 Transfer  
 Scholarship

What year were you last enrolled at ABC? \_\_\_\_\_

Name and address of recipient of transcript (institution, employer, or agency):

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

TRANSCRIPT AUTHORIZATION

\_\_\_\_\_  
Student's Signature Date