

Alumni Transcript Request Form



I. Instructions and Important Information

- Please print neatly and complete the form in its entirety. All information is required in order for this request to be processed.
- Students must have met all financial obligations to Word of Life Bible Institute before official transcripts may be sent.
- Your signature and payment are required and authorize Word of Life Bible Institute to release your transcripts to the parties below.

II. Student Information – Please use your permanent home address. Do not forget to sign and date this section.

Name of Student: _____
LAST NAME FIRST NAME MIDDLE NAME FORMER/MAIDEN NAME(S)

Date of Birth: _____ Last 4 of SSN: _____ Year of Attendance: _____

Phone number: _____ E-mail address: _____

Current Address: _____
Street/PO Box City State Zip

Signature: _____ Date: _____
Digital signatures not accepted

III. Transcript Information – Each block should contain only one destination. You can designate up to three per form.

1: _____ Office/Contact Person	<input type="checkbox"/> Send immediately <input type="checkbox"/> Hold for semester <input type="checkbox"/> Hold for graduation <input type="checkbox"/> Unofficial copy (only type released directly to student)	3: _____ Office/Contact Person	<input type="checkbox"/> Send immediately <input type="checkbox"/> Hold for semester <input type="checkbox"/> Hold for graduation <input type="checkbox"/> Unofficial copy (only type released directly to student)
_____ School/Organization		_____ School/Organization	
_____ Address		_____ Address	
_____		_____	
_____		_____	
2: _____ Office/Contact Person	<input type="checkbox"/> Send immediately <input type="checkbox"/> Hold for semester <input type="checkbox"/> Hold for graduation <input type="checkbox"/> Unofficial copy (only type released directly to student)	<p style="text-align: center;">For Office Use Only</p> Date Received: _____ Financial Hold: <input type="checkbox"/> Yes <input type="checkbox"/> No Fee Paid: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Sent: _____	
_____ School/Organization			
_____ Address			

IV. Transcript Fee Payment

Amount Due: Transcripts ordered _____ x \$5.00 = \$ _____

Payment Method: Cash Check Money Order Credit Card (Must accompany fax orders)

Card Type: Visa Master Card Discover Name on Card: _____

Card Number: _____ / _____ / _____ Expiration: _____ CSV: _____

I authorize Word of Life to charge the above amount on my Credit Card Signature: _____

**Mail To: Office of the Registrar
Word of Life Bible Institute
4200 Glendale Rd
Pottersville NY 12860-2300**

**Fax to: (518) 494-1481
Scan to: adamcook@wol.org
Photos of forms will not be accepted**