

REGISTRAR'S OFFICE
KANSAS CITY COLLEGE & BIBLE SCHOOL
7401 METCALF, OVERLAND PARK, KS 66204
913-722-0272 FAX 913-722-2135

TRANSCRIPT REQUEST*
(PLEASE PRINT)

Last First Middle Maiden/Other names

Address

City State Zip

Email address

CURRENTLY ENROLLED
_____yes _____no

If not currently enrolled, please indicate the semester you last attended KCCBS.

YEAR _____
SEMESTER _____

I would like transcript sent
_____NOW, _____AFTER GRADES ARE
RECORDED FOR THE _____SEMESTER

TRANSCRIPT TO BE SENT TO:

(Student is responsible for the correct address.)

Pursuant to Federal Law 93-380, this personal information is transferred only on the condition that you will not permit any other party to have access to such information without

THE WRITTEN CONSENT OF THE STUDENT.

*The first TRANSCRIPT IS FREE. ANY SUBSEQUENT REQUESTS MUST BE ACCOMPANIED by the \$5.00 fee. Thank you.

OFFICE USE ONLY
CONFIRMATION OF DATE MAILED

Student's Signature

Date