

**OFFICIAL TRANSCRIPT REQUEST FORM**  
**HERITAGE BIBLE COLLEGE**

Office of the Registrar, Business Offices – Library Building  
P.O. Box 1628, Dunn, North Carolina 28335 (910) 891-3178; (910) 491-9790 (Fax)  
[stew@heritagebiblecollege.edu](mailto:stew@heritagebiblecollege.edu)

- NOTE: Transcripts are \$5.00 each, payable in advance to: **Heritage Bible College**
- If you have a hold prohibiting the release of your transcripts, you must remove the hold before your transcripts will be issued.
- A letter releasing your transcripts to a friend or relative must accompany this form if they are picking it up or mailing your transcript for you. The letter must be signed and dated by you and include the name of the person picking up the transcript.
- **Once we receive your request**, the following processing times apply:
  - 3-5 business days for regular processing
  - 7-10 business days at the beginning of each semester
- Transcripts are mailed the day after they are processed; please allow 4-14 days for Standard U.S. Mail

*PLEASE PRINT CLEARLY- Complete all information requested below:*

|   |   |
|---|---|
| Name:   | Social Security Number:   |
| Former Name(s):   | Date of Birth:  |
| Street:   | Home Phone:   |
| City  | Cell Phone:   |
| State, Zip  | Email:  |
| <b>Mail to:</b> Please write legibly (if transcripts are to be mailed to more than one address, please attach list)   | <b>Last Date of Attendance:</b> (check one)   |
|   | <input type="checkbox"/> Before 1993<br><input type="checkbox"/> 1994 – 2005<br><input type="checkbox"/> 2006 – Present |
| Fax to: (____) _____ - _____<br>Attn: _____   |   |
| <b>Please Check One:</b><br><input type="checkbox"/> Mail immediately<br><input type="checkbox"/> Mail after current term grades are available. ____/____ (term/year)<br><input type="checkbox"/> Mail after degree is posted. ____/____ (term/year)<br><input type="checkbox"/> Mail after _____ |   |
| HBC Transcripts cost \$5.00 each.<br>If ordering additional Transcripts, please add \$2.00 per copy.  | # of copies _____<br># of additional copies _____<br><b>Total Fee enclosed:\$</b> _____                                 |
| If you would like to pay by credit card, please include the following:  |   |
| CC# _____ Expiration Date: _____ CVC # _____  |   |
| Please provide zip code associated with this credit card: _____   |   |
| Signature: (Required to process request) _____  |   |
| Please include any special mailing instructions for this request form:  |   |