

HIGH SCHOOL TRANSCRIPT REQUEST FORM

Golden State Baptist College

Please type or print in ink. Please fill out completely.

To the Principal:

I have applied to Golden State Baptist College for the:

Spring 20____ Summer 20____ Fall 20____

Please send a copy of my high school transcript to:

Admissions Office
Golden State Baptist College
3520 De La Cruz Blvd.
Santa Clara, CA 95054

Attach the personal data given below to the transcript being sent to Golden State Baptist College. (Parent's or Guardian's signature is required if the student is under 18 years of age.)

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Personal Data

Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Birth Date: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Last Term Attended (include year): _____

High Schools, Please Note:

If this student is currently a senior, please send a transcript which includes the first seven semesters of his high school work. Upon graduation, please send a supplement showing final grades and graduation date.

A transcript for a graduate must include the student's date of graduation in order for the transcript to be considered final.