

COLLEGE TRANSCRIPT REQUEST FORM

GOLDEN STATE BAPTIST COLLEGE

Please type or print in ink. Please fill out completely and send this form to the college(s) you attended.

TO THE REGISTRAR:

I have applied to Golden State Baptist College for the:

Spring 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 4 digits)

Last Term Attended (include year): _____

PLEASE NOTE:

I grant my permission to release any information regarding my financial and/or disciplinary records with this institution to the Admissions Office of Golden State Baptist College upon their request.

Student Signature: _____ Date: ____ / ____ / ____