

CLEAR CREEK BAPTIST BIBLE COLLEGE

Transcript Request

Full Legal Name: _____

Other name under which transcript may be recorded:

Address: _____

City, State, Zip: _____

Social Security Number: _____ - _____ - _____

Enrollment Dates: _____

Address to which transcript should be sent:

I hereby authorize the release of my academic record and related material to be mailed to the above named institution in a sealed envelope.

***Signature:** _____ **Date:** _____

\$5.00 fee is enclosed _____ **\$5.00 fee charged on this date** _____

1. Mail form and check to: Registrar CCBBC 300 Clear Creek Rd. Pineville, KY 40977. OR
2. Fax form to Business Office at 606-337-1631 and charge the fee by calling the Business Office at 606-337-1467. OR
3. Scan form into your computer and attach it on an email to: academics@ccbhc.edu

***By Federal law, an actual signature is required to be on hand before a transcript can be released.**