



## Transcript Request Form

A SIGNED transcript request should be submitted to the Registrar's Office via U.S. Mail, scanned email, in person, or by fax. Telephone requests are not accepted.

Full Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number Street City State Zip

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Last session attended: \_\_\_\_\_ Graduation date: \_\_\_\_\_

### \*TRANSCRIPT OPTIONS

- Language:  English  Spanish
- Unofficial:  Email  Fax *(Please fill out the email/fax information above.)*
- Official Service:  Regular Service Number of Copies: \_\_\_\_\_ x \$5 per transcript: \$ \_\_\_\_\_
- USPS Priority Mail Number of Copies: \_\_\_\_\_ x \$20 per transcript: \$ \_\_\_\_\_  
(1-3 Day Shipping)
- USPS Priority Mail Express Number of Copies: \_\_\_\_\_ x \$45 per transcript: \$ \_\_\_\_\_  
(1-2 Day Shipping)
- TOTAL: \$ \_\_\_\_\_**

### SHIPPING INFORMATION

*(For official transcript requests only.)*

Send transcript to the following address:

School, Church, or Company: \_\_\_\_\_

Person and/or Department: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

### PAYMENT INFORMATION

Credit Card  Money Order # \_\_\_\_\_  Check # \_\_\_\_\_

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard Exp. Date ___/___/___ CVS ___-___-___ Number: _____ - _____ - _____ - _____ Print Name: _____	Billing Address: _____ City, State, Zip: _____ Authorized Signature: _____
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### Please send this request form to:

INSTE Bible College, Registrar  
 2559 E Euclid Ave, Des Moines, Iowa 50317  
**Fax:** (515) 289-9201 **Email:** registrar@inste.org

STUDENT SIGNATURE	DATE
For Office Use Only	
Sent: _____	Invoice# _____ Dated: _____ AMT\$ _____

\*International fees may vary according to country