

## 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 \$15 per transcript: \$ \_\_\_\_\_  
    (1-3 Day Shipping)
- USPS Priority Mail Express      Number of Copies: \_\_\_\_\_ x \$25 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 ____-____-____	Billing Address: _____
Number: ____-____-____-____	City, State, Zip: _____
Print Name: _____	Authorized Signature: _____

### Please send this request form to:

Inste Global Bible College, Registrar  
 2302 SW Third Street, Ankeny, Iowa 50023  
**Fax:** (515) 289-9201    **Email:** registrar@inste.org

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