Transcript Request

Your Information
Name: ____________________________________________
First ____________ Middle ____________ Last ____________ Former/Maiden ____________
Address: __________________________________________
Street: ____________________________________________
City: ___________________ State: ________ Zip Code: ________
Dates Attended PBC: ________________________ Birth Date: _______________ Phone: ______________________
Social Security #: ___________________________ Email: _____________________________

ORDER: transcripts will be sent through standard mail. We do not have the option of express or next day delivery

Number of Copies _____ UN-OFFICIAL TRANSCRIPT ($3.00) will be processed within 3-5 business days
Number of Copies _____ OFFICIAL TRANSCRIPT ($5.00) will be processed within 3-5 business days
Number of Copies _____ OFFICIAL TRANSCRIPT – RUSH ORDER ($10.00) will be processed within 24-48 hours

Total number of Transcripts requested: ______

MAILING INFORMATION:
I authorize my transcripts to be mailed to: ☐ Myself, at the address listed above OR ☐ To the address listed below:
Name/Organization: _______________________________________________________________
Attention to (Optional): ____________________________________________________________
Address: ________________________________________________________________
Street: ____________________________________________
City: ___________________ State: ________ Zip Code: ________

Student Signature: ______________________________________________________________

Method of Payment: all financial balances must be cleared before transcripts can be released
☐ Cash enclosed
☐ Check enclosed

Contact Information:
Mail: Portland Bible College Fax: 503.889.5708 Email: registrar@portlandbiblecollege.org
Attn: Registrar’s Office
9150 NE Fremont St
Portland, OR 97220