

## Transcript Request

Your Information

Name	e:			
مالما ۸	First	Middle	Last	Former/Maiden
Addr	Street			
	City	State	Zip Code	
	•		·	
Dates	s Attended PBC:	Birth Date:	Phone: _	
Socia	ll Security # :	Email:		
ORDE	R: transcripts will be sent through	n standard mail. We do not have the	e option of express or next da	ay delivery
Numl	ber of CopiesUn-OFFIC	IAL TRANSCRIPT (\$3.00) will be prod	essed within 3-5 business days	
Numl	ber of CopiesOFFICIAL	TRANSCRIPT (\$5.00) will be processe	ed 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 reques	ited:		
	NG INFORMATION:	led to:   Myself, at the addres	s listed above OP T	o the address listed below:
rauti	ionze my transcripts to be mai	ica to. <b>L</b> inyscii, at the addres	s listed above on a re	o the address listed below.
Name	e/Organization:			
Atten	ntion to (Optional):			
Addre	ess:			
	Street			
	City	State	Zip Code	
Stude	ent Signature			
Staat			<del></del>	
Metho	od of Payment: all financial balanc	es must be cleared before transcrip	ts can be released	
	Cash enclosed			
	Check enclosed			
Conta	act Information:			
Mail:	Portland Bible College Attn: Registrar's Office 9150 NE Fremont St Portland, OR 97220	Fax: 503.889.5708	Email: registrar@po	ortlandbiblecollege.org