

TRANSCRIPT REQUEST FORM
For Massillon Baptist College Records

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Please complete all sections of this form (including Part II)

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TO THE REGISTRAR:

TO THE REGISTRAR:

Full name of student _____ Current Mailing Address _____

Full name of student _____ Current Mailing Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

I give Massillon Baptist College permission to release my transcripts to:
College Transcript

I give Massillon Baptist College permission to release my transcripts to:
College Transcript

To: Admissions Office
>
>
>

To: Admissions Office
>
>
>

Date _____ Signature _____

Date _____ Signature _____

PART II

PART II

Last Name _____ First _____ Middle/Maiden _____

Last Name _____ First _____ Middle/Maiden _____

SS Number _____

SS Number _____

Number and Street Address _____ Last Term Attended _____

Number and Street Address _____ Last Term Attended _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Graduation Date _____

Graduation Date _____

Name of student at time of enrollment
if different from above.

Birth Date _____

Name of student at time of enrollment
if different from above.

Birth Date _____