



# Biblical Life College & Seminary

## Student Services

P. O. Box 588 | Marshfield, MO 65706-0588

Phone: 417-859-0881 | Fax: 417-468-2037

### Transcript Request Form

Date: \_\_\_\_\_

Student No	
Name	
Address	
City/State/Zip	

Diploma or Degree Earned	
Date Awarded	

I hereby request that \_\_\_\_\_ transcript(s) be mailed to the address below:


Transcripts are \$7.50 each.

- I have enclosed a check in the amount of \$\_\_\_\_\_ for the transcripts requested.
- Please charge the amount of \$\_\_\_\_\_ for the transcripts on my  
 MasterCard |  VISA

Card No	
Expiration Date	

I hereby authorize BLCS to mail official copies of my transcripts to the address provided above.

Signature: \_\_\_\_\_

**[Note: Transcripts cannot be issued until a program is completed and all tuitions due are paid in full.]**