



REQUEST FOR TRANSCRIPT

*Applicant: Please send this completed form (photocopy as needed) with the appropriate transcript fee to the registrar of your high school and **each** college or university attended.*

Applicant's Full Name: _____
Last First Middle

SS Number: _____ Maiden Name (If different when attending) _____

Dates of Enrollment: _____ Degree and Year of Graduation: _____

Major/Field of Study: _____ College/University: _____

I herby authorize the release of my academic records, i.e. transcripts to Faith Covenant Ministries Bible Institute.

Signature

Date

Registrar: Please send an official transcript (with seal and signature) of my academic record to:
FCMBI * Office of Admissions * 660 N. Kings Hwy. Suite 202 * Cherry Hill, NJ 08034
Phone 1-856-316-9986 Fax 1- 856-314-8488