



TRANSCRIPT REQUEST

I. TO THE PRINCIPAL OR REGISTRAR

I have applied to Trinity Baptist College for Fall Spring 20 ____.

Please forward a copy of the following transcripts to Trinity Baptist College:

- High School Transcripts College Transcripts

I grant my permission to release any information regarding my financial and/or disciplinary records with this institution to the Admissions Office of Trinity Baptist College upon their request.

Applicant's Signature _____
Date

PERSONAL DATA (Please Print)

Last Name First Name Middle I. _____
Social Security #

Address _____
Last Term/ Year

City State ZIP _____
Graduation Date mo/yr

Name of Student at Time of Enrollment if different from above _____
Date of Birth

II. TO BE COMPLETED BY A SCHOOL/COLLEGE OFFICIAL

This is to certify that _____

Attended _____ From _____ To _____
School/College Name

City State ZIP

School Seal

Signature of School/College Official _____
Date Transcript Issued

Mail to: Director of Admissions • Trinity Baptist College
800 Hammond Blvd. • Jacksonville, FL 32221 • (904)596-2450

Scholarship Record

Home-schooled students must complete the following information.

	Grade	Units	Year
English			
Social Studies			
Science			
Mathematics			
Foreign Language			
Music			
Other Subjects			

Total number of units _____

Passing Grade _____

Length of periods _____ minutes

Number of weeks _____

Grading System

List Test Scores: ACT _____
 SAT _____

Please attach this form to the transcript being sent to Trinity Baptist College.