



Florida Baptist College  
PO Box 260457  
Tampa, FL 33685-0457  
1.888.FBC.3030  
813.888.5368 (fax)

### Transcript Request Form

To the Registrar or Principal of \_\_\_\_\_  
High School or College Name

I have applied to Florida Baptist College for the  Fall  Spring Semester of 20\_\_\_\_\_.

Please send my  High School Transcript  College Transcript to:

Florida Baptist College  
Attn: Registrar  
PO Box 260457  
Tampa, FL 33685-0457

I agree to pay any fee associated with this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Applicant Information

Applicant Name \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

City State ZIP

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_\_) \_\_\_\_\_

High School or College Name \_\_\_\_\_

Address \_\_\_\_\_  
Street PO Box

City State ZIP

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_\_) \_\_\_\_\_