



TRANSCRIPT REQUEST FORM

APPLICANT/REQUESTOR			
Requested Transcript? 🛘 Official	☐ Unofficial		
How do you intend to study? □ On (Campus □ Online □ Undecided		
When do you intend to start? Year: _	Term: □ Spring □ Summer (or	nline only) 🛮 Fall	
Name of applicant:	Da	te of enrollment or gradu	uation://
Last 4 of Social Security Number:	Phone number: ()		
Address:	City:	State:	Zip:
ISSUING INSTITUTION			
Name of high school or college:			
School Address:	City:	State:	Zip:
Applicant's signature:	Da	te:	
SUBMISSION DIRECTIONS			
Parchment: Transcripts may be sent e	electronically via Parchment to West Coast B	Baptist College.	
Email : Transcripts may be sent via en	nail directly by the issuing institution. These s	should be sent to admiss	ions@wcbc.edu.
Mail: Transcripts may be sent via ema	ail and should be addressed as follow:		
West Coast Baptist College ATTN: Admissions Records			
4010 E. Lancaster Blvd.			
Lancaster, CA 93535			

