Transcript Request Form

MARANATHA BAPTIST BIBLE COLLEGE
Registrar's Office
745 W. Main Street
Watertown, WI 53094

www.mbbc.edu
Office (920)206-2342
Fax (920)261-9109
Registrar@mbbc.edu

Please print clearly all information. You must sign this document and include payment information before this request will be processed. When your completed request is received, there will be a two day processing period for Maranatha students. Until we have the complete set of Pillsbury records, there will be at least a one week processing period for Pillsbury students.

NAME: _____ ID#: _____
Last First Middle

Maiden/Other Name: _____ Phone Number: _____

Address: _____

City:_____ State:_____ Zip:_____

Attended: Maranatha ☐ Pillsbury ☐

Date of Birth:_____Last year attended_____Graduated? Yes ☐ No ☐

☐**Mail** ☐**Fax** *(Not Official)* **Transcripts to:**

School or Name:_____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Fax Number: _____

Mailing Instructions:
Immediate Official Copy: ___

Immediate Personal:_____
(Not Official)

After Semester Results:____

Please send _____ copies

Payment Options:
☐ I will mail in a check or money order; I realize that my transcript will not be issued until payment is received.
☐ I will call in my credit card information (see below) to Maranatha.
☐ I have included my credit card information below:

Circle One: Visa MasterCard Discover

Card Number:_____Expiration Date:_____

3-digit code on back of card:_____ Phone #:_____

Name as it appears on the credit card:_____

I understand there is a $10.00 fee per transcript. My transcript will not be issued until all financial obligations to the College have been satisfied.

Student Signature: _____ **Date**: _____

Comments/Deadlines:_____