



High School Transcript  
Request Form

Office of Admissions  
800.523.1603  
701.349.5786 (fax)  
admissions@trinitybiblecollege.edu

Please send an **Official Copy** of my High School Transcript showing standardized test scores, grade point average, graduation date, and class rank to:

Trinity Bible College  
Attn: Admissions Office  
50 6<sup>th</sup> Ave S  
Ellendale, ND 58436

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

*NOTE: You are responsible to give a copy of this request to your High School Guidance Counselor. Additionally, please be aware that you are responsible to pay any transcript fees that may be requested by your school.*