

# Request for Official College Transcript

ADULT STUDIES PROGRAM

HILLSDALE FWB BAPTIST COLLEGE

To: Office of Records/ Registrar

Date: \_\_\_\_\_

University/College \_\_\_\_\_

From: Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

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

I was a student from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

I was registered under the following name \_\_\_\_\_  
(Please print)

Please send an official transcript to:  
**ADULT STUDIES Office**  
Hillsdale Free Will Baptist College  
P. O. Box 7208,  
Moore, OK 73153

\_\_\_ Please bill me

\_\_\_ I have enclosed \$ \_\_\_\_\_ for payment

\_\_\_ Please charge to my account: Visa M/C Discover Amer. Express

Acct. # \_\_\_\_\_ Exp. Date \_\_\_\_\_

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