

# mbassador

## COLLEGE OF BIBLE & MINISTRY

### Transcript Request

Cost is \$5 per official transcript. Checks can be made out to Teens For Christ.

**Please return the completed form and \$5 per transcript to:**

Ambassador College  
PO Box 920  
Hudson, WI 54016

Name (include maiden name if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Year(s) attended: \_\_\_\_\_

Do you wish to receive the TFC monthly newsletter? ☐ Yes, snail mail ☐ Yes, email ☐ No, thank you

**Please provide the following information for each school that you would like to receive your official transcript.** If you have more than three institutions, please provide the same information for the others on a separate sheet of paper, or on the back.

**Name of College or University:** \_\_\_\_\_

Department or name of person to receive transcript: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**Name of College or University:** \_\_\_\_\_

Department or name of person to receive transcript: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**Name of College or University:** \_\_\_\_\_

Department or name of person to receive transcript: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

**By signing below you attest that you are the person named on this form and that you give the staff or faculty of Ambassador College of Bible & Ministry permission to release your transcript to the institution(s) named above.**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_