

Spirit of Faith Bible Institute Transcript Request Form

Applicant: Please provide the information requested below. Send this form with the appropriate fee to your college or university's registrar immediately so that an **OFFICIAL transcript** will be returned DIRECTLY to the Admissions Office (*see address below*) before the deadline date. If you attended more than three colleges or universities, photocopy this form for use by the additional institution(s).

Applicant's Name:

Last _____ First _____ M.I. _____

Maiden Name: _____ Date of Birth: _____

Social Security#: _____ Enrollment Date: _____

Address: _____

Phone Number: (Home) _____ (Work) _____

Applicant's School Information:

Name of College or University _____

City: _____ State: _____

Dates of Enrollment: _____ Date of Graduation: _____

For applicants who have completed high school or GED requirements:

Name of High School: _____

City: _____ State: _____

Dates of Enrollment: _____ Date of Graduation: _____

Applicant's Authorization:

*I hereby authorize the release of my academic record and related material to Spirit of Faith Bible Institute. Please forward an **official transcript** to the address below **on or before November 1, 2007**.*

Signature _____ Date _____

School(s): Send this form along with the applicant's official transcript on or before the deadline to:

Spirit of Faith Bible Institute
Admissions Office - Registrar
2261 Oxon Run Drive
Temple Hills, MD 20748

For questions regarding submission of the applicant's official transcript request, please contact the Office of the Registrar of Spirit of Faith Bible Institute:

Minister Velma Dark, Director, Office of the Registrar
Phone: 301-630-3733 Email: velma.dark@sofbi.org