

VICTORIOUS LIVING BIBLE INSTITUTE
979 Tebeau Street
Waycross, Georgia 31501
www.victoriouslbi.org

REQUEST FOR TRANSCRIPT

To: Guidance Office/Office of Registrar and Records
(Please Print)

Name of School/College

I, _____, request that you send an official copy of my transcript
to: _____.

Office of Admissions
979 Tebeau Street
Waycross, Georgia 31501

I last attended your school: _____
Month/Semester Year

_____-_____-_____
Security Number Signature Date Social

_____/_____/_____
Date of Birth Maiden Name (if applicable)

If there is a charge, please contact me at the address below:

NOTE TO THE APPLICANT:

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain states require that permission be granted for the release of academic records by schools. For that reason, you must request that your transcript(s) be mailed to our office. **Transcript(s) marked "Issued to Student" will not be considered as official for admission to programs at Victorious Living Bible Institute.** Please complete and sign the letter above and submit it to your principal or counselor at your high school and/or the registrar at the college(s) you have attended.

Thank you.