

TRANSCRIPT RELEASE FORM

The following student has applied for admission to Commonwealth Baptist College. They are requesting that their
college transcript
high school transcript
be sent to the Admissions Office at Commonwealth Baptist College. Please return this form with the transcript to the
following address: Commonwealth Baptist College
Admissions Department
3440 Versailles Road
Lexington, KY 40510

PERSONAL INFORMATION

(To be completed by student only)

Name _____
(Last) (First) (Middle/Maiden)

Address _____

Social Security # _____ Birth date _____

Graduation date _____ Semester/Year last attended _____

Name at time of enrollment if different from above: _____

I grant permission and make request for my school, _____, to send my
academic transcript and personal records to:

Commonwealth Baptist College

Please include ACT, SAT, and any other standardized test scores, if available.

Student Signature _____

Parent Signature _____

(Required if the student is under 18 years of age)

*****SPECIAL NOTE TO HIGH SCHOOLS*****

If this student is currently a high school senior, please send us a partial transcript of his/her first seven semesters. Upon this student's graduation, please send the final semester transcript so that we will have a COMPLETE transcript for his/her file. The transcript must include the student's date of graduation to be considered final. Please include the official school seal/signature.

If you have any questions, please call our Admissions Office at **(859) 281-2338**.
Thank you for your help.