



# Transcript Request Dallas Bible College

**Instructions:** This form is to be used by students who wish to request a Dallas Bible College or Woodcrest College transcript. Please print, sign, and return completed form to the Business Office. If mailing, please send to the following address:

Criswell College  
ATTN: Business Office  
4010 Gaston Ave.  
Dallas, TX 75246

Fax: 214.370.0497

Official Transcript Fee: \$7.00 (NO CHECKS OR ONLINE/ELECTRONIC CHECKS)  
Accepted: MasterCard, Visa, Discover, Certified cashier's check

### Please Print Clearly

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Maiden/Other Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Last 4 digits of SSN: \_\_\_\_\_  This is a new address.

### Required Information:

Type of Transcript:  Official Dallas Bible College Transcript  Official Woodcrest College Transcript

Dates Attended: \_\_\_\_\_ Term/Year Graduated: \_\_\_\_\_

### Check All that Apply:

- I will pick up transcript. (Transcript must be addressed to student. Student must pick up within 30 days. Photo identification is required upon pick up.)
- Mail transcript to address provided.

*I hereby authorize Criswell College to release my transcripts to the individual/institution specified below.*

**Student Signature (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
An original signature is required to process request

### Release/Mail to (Print name, title and address of the person or institution that will receive this transcript.):

\_\_\_\_\_  
Name of Institution or Individual Office or Title (if applicable)  
\_\_\_\_\_  
Street Address City State ZIP

### Payment Information:

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Please check if payment was made on Criswell website (<http://www.criswell.edu/current-students-2/student-accounts/pay-online/>) and email form to [registrar@criswell.edu](mailto:registrar@criswell.edu).

### OFFICE USE ONLY

Entered by: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ Cash: \_\_\_\_\_ Debit/Credit: \_\_\_\_\_ M.O.: \_\_\_\_\_ Mailed Date: \_\_\_\_\_ Picked Up: \_\_\_\_\_