



ARROWHEAD BIBLE COLLEGE
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AUTHORIZATION FOR RELEASE OF RECORDS

Student Seeking Transcript Release _____
(Please print neatly)

I hereby authorize Arrowhead Bible College to release an unofficial copy of my High School level academic transcript/ ACT scores/ Home School curriculum/ etc. These records are being released to the student only, as directed by governmental laws.

My Contact Information:

Name _____ (maiden) _____

Year attended Arrowhead: 20 ____ fall to 20 ____ spring

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____

Signature _____ Date _____

A fee of \$5.00 per request of records must be received in the Arrowhead Office before records will be processed. Checks should be made payable to Arrowhead Bible College. A credit card may be used by calling the Office at (406) 328-6825.

For Arrowhead Use Only:	
Record requested/Purpose: _____	
Payment Received? _____	Check # _____ Card Type _____
Records Mailed to the above address: _____ / _____ / _____	Processed By: (Initials) _____