



ARROWHEAD BIBLE COLLEGE
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AUTHORIZATION FOR RELEASE OF TRANSCRIPTS

Student Seeking Transcript Release _____
(Please print neatly)

I hereby authorize Arrowhead Bible College to release an official copy of my permanent academic transcript to the following address or addresses.

Transcript #1:

My Contact Information:

Name _____ (maiden) _____

Year attended Arrowhead: 20 ____ fall to 20 ____ spring

Address: _____

City: _____ State: _____ Zip: _____

Transcript #2:

Phone: (_____) _____ - _____

Transcript #3:

Signature _____ Date _____

A fee of \$5.00 per request of transcript 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 Office Use Only:

Record requested/Purpose: _____

Payment Received? _____ Check # _____ Card Type _____

Records Mailed to the above address: _____ / _____ / _____ Processed By: (Initials) _____