Henry B. Fernandez Institute for Biblical Studies

Office of the Registrar
4093 NW 16th Street
Lauderhill, FL 33313

TRANSCRIPT RELEASE FORM

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9 Please accept this signed form as authorization to send my official transcript to the school listed below

9 Please accept this signed form as authorization to send a student copy of my transcript to me at the address listed below

Full Name:

_____
Last First Middle

Student ID#_____ Date of Birth: _____/_____/_____

I attended your school during the following year(s): _____

Name and address of School/Organization to send transcript	Student's current mailing address

Student
Signature:_____Date:_____

There is a $5.00 fee for each official transcript requested and $3.00 fee for each student copy. All financial obligations to HBFIBS must be cleared prior to the release of a transcript.

Please allow 3-5 business days to process your request
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