
AMBASSADOR BAPTIST COLLEGE
Office of Admissions

Request for College Transcript
(to be sent by applicant to each school attended)

TO BE COMPLETED BY APPLICANT:

To the Registrar: _____
Name of school you attended

Please forward the transcript of:

Applicant's Name _____ *Phone ()* _____
(Please Print)

Address _____
City State Zip

Social Security Number _____ *Dates Attended* _____

Applicant's Signature _____ *Date* _____

Send Transcript to:
Admissions Office
Ambassador Baptist College
P. O. Box 158
Lattimore, NC 28089

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