
AMBASSADOR BAPTIST COLLEGE
Office of Admissions

Request for High School Transcript

Personal Information _____

TO BE COMPLETED BY APPLICANT:

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

Address _____
City State Zip

Social Security Number _____ **Dates Attended** _____

I hereby authorize you to release my transcript and any other information requested by Ambassador Baptist College.

Applicant's Signature _____ **Date** _____

Educational Information _____

TO BE COMPLETED BY INSTITUTION:

Please complete this form and attach it to the official high school transcript(s). Please note: If the student has not completed requirements for graduation, please also send a completed transcript as soon as it is available. This information is required for admission. Send all documents to:

*Admissions Office
Ambassador Baptist College
P. O. Box 158
Lattimore, NC 28089*

DATE OF GRADUATION: _____

HIGH SCHOOL G.P.A. _____

RANK IN CLASS: _____

SIZE OF CLASS _____

S.A.T. Verbal _____

A.C.T. English _____

Math _____

Math _____

TSWEW _____

Soc. Sc. _____

Overall Score _____

Nat. Sc. _____

Overall Score _____

Signature

Position