

BIBLICAL SEMINARY OF THE PHILIPPINES
TRANSCRIPT REQUEST FORM
 (To Registrar: bsopregistrar@yahoo.com)

Date this form is filled out: _____ Date this form is received by Records Office: _____

Note: Transcripts cannot be processed or issued unless (1) all outstanding accounts are cleared, (2) payment accompany this request, (3) *signed by the requesting party.

Family/Last Name	First	Middle
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Present Address _____

Date Last Attended: _____ Program at BSOP: _____

Tel. No.: _____ Signature: _____

E-mail: _____ Cellphone No.: _____

Purpose for Requesting: _____

Send Transcript to: (Include department or name of person and address)

Please allow two (2) weeks for processing

Request of:

1. Official copy: _____
 (with seminary's seal)
 (Php 50.00 per copy-pick up)
 (\$10.00 per copy-abroad)

2. Unofficial copy: _____
 (not for official use, without official seal)
 (xerox copy)
 (Php 10.00 per copy-pick up)

PLUS Handling: Please put a ✓

_____ government mail _____pick-up

_____ JRS _____ Others, please specify.

Rush: Outside the Philippines: _____ FedEx

Please send US dollar check \$ _____ payable to BSOP

Current handling rate to Asia/ North America/Africa/

Latin America/ _____

For BSOP Record's Office Use Only

Student's Clearance Form: _____ OK _____ Outstanding Balance

Request Form Received by: _____ Cash _____ Check _____

Transcript Sent on: _____ Sent by: _____ OR No. _____