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e-mail:alphaprogramgr@yahoo.com

APPLICANT: Please provide the information requested below. Send this form * with appropriate fee to the Registrar of the high school, college or university you have attended. The Registrar will then send your transcript directly to us.

Social Security # _____

Applicant's Full Name: (please print)

Last First Middle

Maiden Name (if different from when transcript was printed): _____

Dates of Enrolment _____ Degree and Year _____

I hereby authorize the release of my academic record and related material to the Greek Bible College

Signature _____ Date _____

* This form may be photocopied if needed by more than one institution.

Please mail transcript to:
Greek Bible College
Attention: Registrar - Alpha Program
Chr. Adamopoulou 8
19009 Pikermi
Attiki, GREECE