



TRANSCRIPT RELEASE

Keystone School of Biblical Theology
875 Academy Drive
Lebanon, PA 17046
(717) 272-6442 Email: office@ksbt-pa.org

The following student has applied to Keystone Biblical School of Theology. This is a request for permission to send an academic transcript and personal records to Keystone School of Biblical Theology for admission purposes. Please indicate ACT and High School GPA.

Last Name First Middle

Home Address

City State Zip

Student Signature Date

Parent Signature Date
(Parent or guardian's signature is required for a student under 18 years of age.)

Graduation date: _____

High School GPA _____

SAT Scores: Math ____ Verbal ____

ACT Scores:

Composite ____

English ____

Math ____

Pre-Algebra ____

Reading ____

Schools Please Note:
If this student is currently a senior, please send a transcript that includes the first seven semesters of high school work. Upon graduation, please send a supplement showing final grades and a graduation date.

Mail transcripts to:

Admissions Office
Keystone School of Biblical Theology
875 Academy Drive
Lebanon, PA 17046
Ph: (717) 272-6442 Fax: (717) 272-1886 Email: office@ksbt-pa.org