



Transfer Reference

Keystone School of Biblical Theology

875 Academy Drive

Lebanon, PA 17046

(717) 272-6442 Email: office@ksbt-pa.org

TO THE APPLICANT:

Please complete the following information and give this signed form to the Dean of Students of the educational institution from which you are transferring.

Last Name

First Name

Middle

Street

City

State

Zip

I hereby authorize you to release the information requested to Keystone School of Biblical Theology.

Signature

Date

Under the Family Education Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential statements and letters of recommendation. While all references are considered carefully, we believe that references given in confidence are, in the long run, of greater usefulness in assessing your qualifications, abilities, and promise. We invite you, therefore, but do not require you, to sign the following waiver. (Note: Understand that some schools will not release confidential information without this section signed.)

I waive my right to see this completed reference form.

Signature

Date

TO THE COLLEGE ADMINISTRATOR COMPLETING THIS FORM:

The above student has applied to Keystone School of Biblical Theology. The following information will be used in the admission process. If the student has not signed the waiver above, it is possible that the applicant may see this reference. If the waiver is signed, the reference will remain confidential.

Would you re-admit this student? Yes No

What is your understanding of why this student is transferring?

Did this student have any attitude, personal, or disciplinary problems while attending your institution? If yes, please give a brief explanation

Institution Name: _____

Institution Address _____

Your Name _____ Title _____

Signature _____ Phone _____