Immanuel Bible College and Baptist Theological Seminary Transcript Request Form

To the Academic Dean:		
I have applied to		for the semester/quarter
beginning		
Please send a copy of my	College Transcript to:	
Individual o	r Position:	·
Institution:		
Address:		
 City:		
State & Zip Code:		
Personal Information		
Full Name		
Street Address		
	Graduation Date	
	Gradation bate	
If you need further inforn	nation, please contact me at the	following number:
Thank you for responding	g to this request as promptly as p	possible.
Signature		Date

Note: This completed form must be accompanied by a \$10.00 Transcript Request Fee.