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## Transcript Request Form

### To the Registrar or Superintendent:

Please send a copy of my College Transcript \_\_\_\_/High School Transcript \_\_\_\_ to:

Academic Dean  
Immanuel Bible College and Seminary  
P. O. Box 2667  
Peachtree City, GA 30269  
U.S.A.

Please include this form with the transcript prior to mailing.

### Personal Information

Student's Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Birth Date: \_\_\_\_\_

If you need further information, please contact me at the following number: \_\_\_\_\_

Thank you for your assistance with this request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date