

To the Registrar or Principal:

I have applied to Immanuel Bible College or Theological Seminary for the Fall _____ / Spring _____ Semester of the year _____.

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 USA

Please attach the "Personal Information" given below to the transcript prior to mailing:

Personal Information

Full Name _____

Street Address _____

City _____

State & Zip Code _____

Social Security Number _____

Birth Date _____ Graduation Date _____

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

Thank you for responding to this request as promptly as possible.

Signature

Date

Note: This form may be copied if necessary.