

**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.**