

MISSISSIPPI BAPTIST SEMINARY AND BIBLE COLLEGE
An Undergraduate/Graduate Theological School
3160 J. R. Lynch Street
Jackson, Mississippi 39209
769.233.8089



OFFICE OF THE REGISTRAR

TRANSCRIPT REQUEST

Dear Registrar:

I am requesting that you send an official transcript of my academic record to (name and address of receiving institution) :

Personal Information (please print):

Name: _____

Mailing Address: _____

City, State, Zip Code: _____

E-mail address: _____

Dates Attended MS Baptist Seminary: _____

Year of Graduation: _____

Date of Request: _____

Phone Number: _____

Signature: _____

My payment of \$7 for each transcript requested is enclosed with this request.

(Payable to Mississippi Baptist Seminary & Bible College.)

Thank you for your assistance.