



TRANSCRIPT REQUEST FORM

To the Applicant:

Please submit this form to the high school/post-secondary institution from which you are obtaining transcripts.

To the Registrar:

The following student is applying for admission to Texas Independent Baptist Seminary & Schools. Please send a copy of his/her transcripts to:

Texas Independent Baptist Seminary & Schools
2200 W. Loop 281
Longview, TX 75604
Tel: 903.759.0940

Please include the student's grades, grade-point average, or completed credit hours as well as any awards or recognition that the student may have received while attending your institution.

Student Information: (Applicant, please fill in following fields)

Last Name

First

Middle

Date of Birth

Address

S.S.N.

City/State/Zip

First Term Attended

Email Address

Late Term Attended

Phone Number

Graduation Date

Student's Signature

Date