



*Registrar's Office
Southeastern Bible College
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Permission to Release Transcript

Requested By (Student):

Release To (Recipient):

FIRST NAME	MIDDLE NAME	ATTN: (IF APPLICABLE)
LAST NAME AND MAIDEN NAME (IF APPLICABLE)		ORGANIZATION/SCHOOL
DATE OF BIRTH AND/OR SOCIAL SECURITY NUMBER		ADDRESS
DATE LAST ATTENDED		CITY, STATE, ZIP

Current address, telephone number, and e-mail:

Transcripts are **\$5.00** each after the student's first transcript request, which is free.

Southeastern also provides transcripts for Florida Bible College and Dallas Bible College External Studies. If you are requesting a transcript from one of these institutions, please indicate which college you attended:

Florida Bible College _____ Dallas Bible College External Studies _____

I give permission for Southeastern Bible College to release my transcript to the recipient listed above.

STUDENT SIGNATURE AND DATE

BUSINESS OFFICE

Action taken: Approved Hold Other:

DATE BY WHOM