



SOUTHEASTERN
BIBLE COLLEGE

Transcript Request Form

Please send a transcript of my record directly to:
Southeastern Bible College, Office of Admissions, 2545 Valleydale Road, Birmingham, AL 35244-2083.

Name on Records: _____

Address: _____

E-mail: _____ Phone: _____

Date of Birth: _____ Social Security Number: _____

Dates of Attendance: _____

I hereby authorize the release of my transcripts to Southeastern Bible College.

Signature

Date



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