

**REQUEST FOR TRANSCRIPT**

Southern Bible Institute & Seminary

Main Campus:

802 Greene Street P.O. Box 906 Augusta, Georgia 30903

(706) 726-4150

I, \_\_\_\_\_  
(Please print Full Legal Name) (Social Security Number)

\_\_\_\_\_  
(Current Address) City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

(Phone Number) \_(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

I understand The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. \* 1232g; 34 CFR Part 99) states: No one may have access to Education information without the written consent of the student  
My signature below releases the school to send original, sealed copies of my transcripts to the following designated locations:

Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**DEGREE INFORMATION**

Please complete the information listed below. Please list the name of your Branch or Co-op Dean. Please list each degree earned from SBIS, and the graduation date of each degree as it appears on the diploma below:

Facilitator's Name: \_\_\_\_\_

\_\_\_\_\_  
(Please print/type complete degree name) (Date of Degree)

\_\_\_\_\_  
(Please print/type complete degree name) (Date of Degree)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"PLEASE REMIT \$5.00 PER EACH SET OF TRANSCRIPTS REQUESTED"

All "Request for Transcripts" must be mailed to SBIS with fees attached. Upon verification of all fees being paid, transcripts will be mailed to the organization, school, or designated location requested above within five to seven (5-7) working days.