

SOUTHWEST GEORGIA THEOLOGICAL SEMINARY

Office of the Registrar ~ P.O. Box 45 Sylvester, GA 31791

Complete and mail this form to the college or seminary from which you need transcripts.



To: Name and address of College or University attended:

PLEASE SEND AN OFFICIAL COPY OF MY TRANSCRIPTS TO:

Southwest Georgia Theological Seminary

ATTN: Office of Registrar

P.O. Box 45

Sylvester, GA 31791

Name used while in attendance; include a maiden or any previous names:

PLEASE PRINT INFORMATION BELOW:

Name on Transcript: _____ Date of Birth: _____

Current Name, if different: _____

Current Address: _____

City State Zip-Code _____

Dates Attended and Name of Course of Study _____

Social Security Number: _____

Signature _____ Date Requested _____