Official Transcript Request

To: Atlanta Bible College Office of the Registrar, Student Records

Please forward one (1) official copy of my transcript to:

_____
Name of College, University, Seminary, Employer, or Other

_____
Street Address

_____
City State Zip Code

Student's Name _____

Maiden or previous name(s) _____

Social Security Number XXX – XX – ___ ___ ___ ___

Date first attended _____ Date last attended _____

Degree(s) Received _____

Enclosed is **$10.00** for the cost of the transcript.

Signature of student _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

Please mail to: Atlanta Bible College, P.O. Box 2950, McDonough, GA 30253
404-362-0052 Email address: info@abc-coggc.org