



Official Transcript Request

To: Office of the Registrar, Student Records

Name of College, University, or Seminary

City

State

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

**Office of Admissions
Atlanta Bible College
PO Box 2950
McDonough, GA 30253**

Student's Name _____

Maiden or previous name(s) _____

Social Security Number XXX – XX – ____ ____ ____

Date first attended _____ Date last attended _____

Degree(s) Received _____

Enclosed is \$ _____ for the cost of the transcript.

Signature of student _____ Date _____

Street Address _____

City _____ State _____ Zip Code _____

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