

## Please Send a Transcript to:

Name of Institution: \_\_\_\_\_

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

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Student's Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Phone Number \_\_\_\_\_

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

City/State/Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Years attended \_\_\_\_\_ Year of Graduation \_\_\_\_\_ Degree received \_\_\_\_\_

Student Signature \_\_\_\_\_ (enclose \$10 handling cost)

This request must be signed by the student, and sent, not faxed, with a \$10 check to:

Midwestern Baptist College  
Office of the Registrar  
825 Golf Drive  
Pontiac, Michigan 48341