

Detroit Baptist Theological Seminary Transcript Request Form

Please send your signed request by mail, fax, or email (scan) to:

Detroit Baptist Theological Seminary
Attn: Registrar
4801 Allen Road
Allen Park, MI 48101

Fax: (313) 381-0798
Email: rmccabe@dbts.edu

I hereby request a copy of my transcript be sent directly to:

Name of School: _____

Attn: REGISTRAR (additional info if needed) _____

Address: _____

City _____ State _____ ZIP/Postal Code _____

Signature _____ Date _____

Your Personal Data:

Name _____

Address _____

Email _____

Social Security Number (required for verification): _____

Year(s) you attended DBTS: _____

Other name used (if applicable): _____

Registrar, please contact me at the above address if there is a fee owed or if there are any other complications with my request.