

Detroit Baptist Theological Seminary Transcript Request Form

To the Registrar of: _____

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

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

Signature _____ Date _____

Personal Data:

Name _____

Address _____

Social Security Number _____

Year(s) attended _____

Other name used (if applicable) _____

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