



## God of the Bible School of Ministry

1660 South University Drive # 1004 - Fort Worth, TX 76107

Tel: (888) 990-8224 - Email: [info@gotbsom.org](mailto:info@gotbsom.org)

### TRANSCRIPT REQUEST FORM

(FROM GOTBSOM TO OTHER SCHOOLS)

Mail your request to the God of the Bible School of Ministry Records Office:

Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Birthday \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F SS# last 4 digits \_\_\_\_\_ Marital Status \_\_\_\_\_

Place of Birth \_\_\_\_\_ Race \_\_\_\_\_ Occupation \_\_\_\_\_

High School Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Check One:

When attending God of the Bible School of Ministry were you: On Site: \_\_\_\_\_

Online? \_\_\_\_\_ Correspondence? \_\_\_\_\_

If on site, what site did you attend and who was your Administrator?

School Site: \_\_\_\_\_ Administrator Name: \_\_\_\_\_

#### **NOTICE**

The First Student Transcript and the first Official Transcript are free of charge. All other copies are \$15.00 each. Please include payment with this request form. Officially sealed copies will be sent to colleges and businesses only. Student Copy may be sent to Student's Home Address. All transcript requests must be received via mail or fax. No e-mail or telephone requests will be honored due to Privacy Act. All requests must have the Student's written signature.

#### Address to mail Official Transcript to:

Name of College or Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_