



## REQUEST FOR TRANSCRIPT

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Dear Registrar:

Please forward a copy of my transcript to the Batesville Baptist Institute, P.O. Box 2423, Batesville, AR 72503.  
Accept this letter as your authority to release the same on my behalf.

Full Name: \_\_\_\_\_

Address (while attending classes): \_\_\_\_\_

City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_ phone(\_\_\_\_\_) \_\_\_\_\_

Last semester attended: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

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

City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_