



**JIMMY SWAGGART**  
BIBLE COLLEGE & SEMINARY

**TRANSCRIPT REQUEST**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's Name: \_\_\_\_\_ Maiden/Other: \_\_\_\_\_

Last 4 digits of Social Security Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Mail Transcripts to:**

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

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

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

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

\*If special instructions needed or extra copies needed, please attach a sheet to this request

**Billing Information:**

**Credit Card:**  MASTERCARD  DISCOVER  
 VISA  AMEX

**Credit Card No.:**

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**Check by Mail:**

Expiration Date: \_\_\_\_\_ Sec. Code: \_\_\_\_\_

**Money Order by Mail:**

Official Transcript; Number of copies: \_\_\_\_\_ x \$10.00 = Total: \$ \_\_\_\_\_

Unofficial Transcript; Number of copies: \_\_\_\_\_ x \$5.00 = Total: \$ \_\_\_\_\_

**Please submit this form with payment to:**

**JSBC&S Offices, P.O. Box 262550  
Baton Rouge, LA 70826**

**OR**

**Fax: 225-768-4533**