

Registrar/Director of Records \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Please forward an Official Copy of my academic records to:**

***Director of Admissions, Magnolia Bible College, P.O. Box 1109, Kosciusko, MS 39090***

The name of my records at your school was: \_\_\_\_\_

My Social Security number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Payment for my transcript of \$ \_\_\_\_\_ is enclosed

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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