

AIHC SCHOOL OF BIBLICAL STUDIES

1519 South Lauderdale St. MEMPHIS, TN 38106 Phone: (901) 239-2442 (901) 207-7570 fax#

Please fill out this form completely with your signature and form of payment. You may either mail or fax this form to the address above. No transcript will be issued for a student who has outstanding financial obligations to the school.

Name:

First	Middle	(Maiden, if Applicable)	Last
Home Address		Student ID#	
Daytime Phone Number:		Email Address	
(Select One) □ Regular Mail: \$5.00 per (□ Fax: \$5.00 per Fax Numl □ E-script: \$5.00 per email	ber		
Send Transcript To:			
Number of Copies: Student's Mailing Address		<u>ı your home address):</u>	
SIGNATURE			

□ Send transcript as soon as possible

Send transcript after current grades are recorded.

Send transcript after certificate is granted.