

# Detroit Baptist Theological Seminary Transcript Request Form

**Please send your signed request by mail, fax, or email (scan) to:**

Detroit Baptist Theological Seminary  
Attn: Registrar  
4801 Allen Road  
Allen Park, MI 48101

Fax: (313) 381-0798  
Email: [rmccabe@dbts.edu](mailto:rmccabe@dbts.edu)

**I hereby request a copy of my transcript be sent directly to:**

Name of School: \_\_\_\_\_

Attn: REGISTRAR (additional info if needed) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

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

**Your Personal Data:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Social Security Number (required for verification): \_\_\_\_\_

Year(s) you attended DBTS: \_\_\_\_\_

Other name used (if applicable): \_\_\_\_\_

**Registrar, please contact me at the above address if there is a fee owed or if there are any other complications with my request.**