



BEULAH HEIGHTS UNIVERSITY

Admissions Office • 892 Berne St SE • Atlanta, GA, 30316 • (404) 627-2681 x117 • FAX: (404) 627-0702

Transcript Request Form

Mail Transcript to:

Director of Admissions
Beulah Heights University
P. O. Box 18145
Atlanta, GA 30316

Signature _____

Printed Name _____

Mailing Address _____

Social Security Number: _____

Birthdate: _____

Maiden Name (if applicable): _____

Dates enrolled From: _____

To: _____

Have your high school transcripts or certification of high school equivalency sent to us. Also send records from any school you have attended beyond high school. These records must be sent to us directly from the institution in order to be official.

(PLEASE DO NOT SEND THEM TO US YOURSELF).

*For extra copies of this form, please photocopy.