



## 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.