



**BAPTIST MISSIONARY ASSOCIATION  
THEOLOGICAL SEMINARY**  
P. O. BOX 670  
JACKSONVILLE, TX 75766  
Email: [bmats@bmats.edu](mailto:bmats@bmats.edu)  
903-586-2501 Fax: 903-586-0378

### STUDENT RECORDS PRIVACY

Without a signature, current address, phone number, date and social security number this request will **not** be processed.

Please return this form by email or fax and then contact the business office for payment, 903-586-2501. Payment must be made before the request will be processed. The first transcript ordered is free. All additional transcripts are \$5.00 each, whether official or unofficial. Please include how many of each type of transcript you would like and any other information in the comments section.

**I, the undersigned, request:**

\_\_\_ that I be permitted, with proper supervision, to view my education records.

\_\_\_ that an official copy of my transcript be released to the following:

\_\_\_ that an unofficial copy of my transcript be released to the following:

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Current Student Information:**

Printed Name: \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\*Transcript request forms will be held for only thirty days, then shredded. If you have not paid during that time period, you will need to complete a new form.