

Date \_\_\_\_\_

**REGISTRAR or PRINCIPAL**

SCHOOL

ADDRESS

CITY, STATE, ZIP

To Whom It May Concern:  
Please send the following item(s) to:



**Tri-State Baptist College**  
**6001 Goodman Rd**  
**Walls, MS 38680**

**A complete transcript(s) of my academic record**

**A letter of good standing**

I last attended your school \_\_\_\_\_

For identification purposes, my date of birth is \_\_\_\_\_

If there is any charge, please bill me at the address below.

Respectfully,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: transcripts should be sent after finals are recorded.