



New Brunswick Theological Seminary Transcript Request

Office of the Registrar
New Brunswick Theological Seminary
17 Seminary Place
New Brunswick, NJ 08901
Fax (732) 249-5412

EFFECTIVE: JULY 2006

Name: _____
Current Address: _____

Years Attended: _____
Former Name: _____

Date: _____
Phone: _____
Date of Birth: _____
ID#: _____
E-mail: _____

TRANSCRIPTS ARE ISSUED ONLY UPON WRITTEN AND SIGNED AUTHORIZATION OF THE STUDENT. A minimum of one week should be allowed for processing. We will not provide transcripts to students who have an outstanding debt to the Seminary or who owe fines, books or other materials to the Gardner Sage Library. Official transcripts will not be provided by the Registrar for Limited Enrollment or Auditing students, although the Registrar upon written request of the student will issue a letter indicating courses completed.

THERE IS A \$5.00 FEE PER COPY ORDERED

I. COPY ONE - Please Check One:	
<input type="checkbox"/> Official / Sealed	<input type="checkbox"/> Unofficial
<input type="checkbox"/> Enrollment Verification Letter Only	

II. COPY TWO - Please Check One:	
<input type="checkbox"/> Official / Sealed	<input type="checkbox"/> Unofficial/File Copy
<input type="checkbox"/> Enrollment Verification Letter Only	

Institution: _____
 Attn: _____
 Address: _____

 Phone/Email: _____

Institution: _____
 Attn: _____
 Address: _____

 Phone/Email: _____

SIGNATURE OF RELEASE

Method of Payment:

Cash Check/Money Order
 Visa* American Express* Discover* Master Card*

Card #: _____ Security Code: _____ Exp. Date: _____

Card Holder Signature _____

*\$10.00 MINIMUM FOR ALL CREDIT CARD TRANSACTIONS

OFFICIAL USE ONLY:			
Date Received: _____	Date Cleared: _____	Date Processed: _____	Amount Paid: _____