

Transcript Request

Name: _____	Date: _____
Current Address: _____	Phone: _____
_____	Date of Birth: _____
_____	ID#: _____
Years Attended: _____	E-mail: _____
Former Name: _____	

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

Institution:	Institution:
Attn:	Attn:
Address:	Address:
Phone/Email:	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: _____