

TRANSCRIPT REQUEST FORM

Name _____
Last First Middle

Student ID # or Social Security number (last four digits only) _____

Approx. Dates of Attendance _____

Current Address:

_____ Street Address

_____ City State Zip Code

() _____ () _____
Home Phone Work Phone

Indicate which of the following: (Fee must be paid before transcript will be mailed out)

_____ Official Transcript - Cost \$5.00 each _____ Unofficial Transcript - Free

Please send _____ copy (copies) of my transcript to:

Comments:

Mail or Fax To:

United Theological Seminary
3000 Fifth Street Northwest
New Brighton, MN 55112
Attn: Susan Hastings
Fax: (651) 633-4315

Signature Date

Official transcripts are mailed to a third party (i.e. educational institution, business, ordaining or scholarship committee) or given to the student in a sealed envelope to be given to a another entity. Unofficial transcripts are issued for a student's personal use.