WESTMINSTER THEOLOGICAL SEMINARY

Registrar Office Use Only:
Date Received: _____
Date Paid: _____
Amount Paid: _____
Date Sent: _____

OFFICIAL TRANSCRIPT REQUEST FORM

- To request an official transcript:
  - Submit this completed form to the Registrar's office via in-person, fax, or mail (see contact information at the bottom of this form). We regret that we cannot accept requests by phone or email. Mailed requests should be addressed to the attention of the Registrar's Office.
  - Submit the $10 processing fee (per transcript). (Fee must be received in order to process your request.)
- All requests must be signed by the current/former student. In-person requests might require photo identification and will not be processed for third parties without the signed consent from the current/former student.
- Please allow 3-5 business days for processing. If you need your request expedited, you will be charged an additional $10 fee. Expedited requests will be processed within 24 hours. Express mailing will require additional charges. Consult the Registrar's Office for express mailing fees.
- If there is a hold on your student's record, your request cannot be processed.
- Current students can access their unofficial transcript via self-service.

Please provide the following information:

Name: (Last) _____ (First) _____ (Middle) _____

Former name (if applicable): _____

Current mailing address: _____ City/State/Zip Code _____

Current contact information: Email address _____ Phone _____

School ID number or social security number: _____ Date of Birth: _____

Check one: _____ Current student
_____ Former student, graduate Year Graduated: _____
_____ Former student, non-graduate Last Year Attended: _____

Signature: _____ Date: _____
(Signature is required to release transcripts)

Please send transcript(s) to:

Name or Institution: _____
If you are sending your transcript to an institution, please provide a contact name or department

Street address: _____

City: _____ State/Zip Code: _____

Number of copies requested: _____ Date by which transcript(s) should be sent: _____

Current students only (check one): _____ Please hold my transcript until the Registrar's Office has received all my grades for the current semester.
_____ Please send my transcript "as is" as soon as possible.

Comments: _____

Payment (check one):
_____ My payment of $10 (per transcript) is enclosed with this request
_____ I would like to expedite my request and I am enclosing the additional $10 fee with this request
_____ I would like to pay with a credit card (Master Card and Visa accepted. Please complete below)
_____ I would like to expedite my request. Please charge the additional $10 fee to my credit card
CC Holder's Name: _____ CC Number: _____

CC Expiration Date: _____ CC 3 or 4 digit security code: _____