

TRANSCRIPT REQUEST FORM
Westminster Theological Seminary

Please fill out and mail to:
Registrar's Office
W.T.S.
P.O. Box 27009
Philadelphia, PA 19118

Please give transcript requests to the Registrar's Office one week before they need to be sent.

To be filled out by student:

STUDENT'S NAME (Please print): _____

Maiden Name or a.k.a. _____

Contact numbers: Phone: _____ email: _____

Social Security #: _____

Student's Signature: _____

Student's signature is required to release transcript(s).

Check One: _____ Present Student
 _____ Graduated Student Year Graduated: _____
 _____ Previous Student (non-graduate) Last Year Attended: _____

Send transcript(s) to:

Name or Institution

Address

Address, Zip Code

Number of copies to be sent: _____

Total charge for copies, \$5.00 per transcript: _____ Due with request
Credit cards not accepted.

Does the envelope(s) need to be signed and sealed: _____ yes _____ no

Date by which transcript(s) should be sent: _____

If you want your transcript held until all grades from
the present semester are recorded, please check here: _____

REGISTRAR'S OFFICE USE ONLY

Date request received: _____

Date transcript sent: _____

Date Paid: _____ Amount Paid: _____