



TRANSCRIPT REQUEST FORM
Faith Theological Seminary

Please fill out and mail to:

Registrar's Office, Faith Theological Seminary, 529 Walker Avenue, Baltimore, MD 21212

TRANSCRIPTS WILL NOT BE FURNISHED TO ANY STUDENT WHOSE FINANCIAL OBLIGATIONS TO THE SEMINARY HAVE NOT BEEN SATISFIED.

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

To be filled out by student:

Name: _____

Student's Mailing Address: _____

Social Security #: _____

E-mail Address: _____

Phone: _____

Cell: _____

Date: _____

Signature (*required*): _____

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, \$10.00 per transcript: _____

Due with request (Credit cards not accepted) Date Paid: _____ Amount Paid: _____

Does the envelope(s) need to be signed and sealed: _____yes _____no

REGISTRAR'S OFFICE USE ONLY

Date request received: _____ Date transcript sent: _____