



Request for Divinity School Transcript

Name _____ ID Number _____

Address _____

Entrance Date _____ Degree Program _____

Instructions

1. Please send an official copy of my transcript to each of the following schools or addresses:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Submit the Transcript Fee for each transcript requested. Transcripts will not be sent if: 1) there is an unpaid balance on your account and 2) the Transcript Fee is not submitted with the signed request.

3. I request that my transcript(s) be sent...

Today, if possible Within forty-eight (48) hours This week

4. Sign and date your request. A signature is required by law.

Signature of Student

Date Requested

Signature of Director of Student Records

Date Mailed