

TRANSCRIPT REQUEST

Please print, sign, and send with payment to:

Registrar, Western Theological Seminary, 101 E. 13th St., Holland, MI 49423

OR you may fax this request to 616-392-8889.

Date: _____

Name: _____ Maiden Name if applicable: _____

Dates attended / year of graduation: _____

Degree program: _____

Current Address: _____

Signature _____

(not valid without signature)

Send Transcript to: (include complete address for each transcript you request)

Transcripts are usually sent within 3 days of receiving your request. Same day Rush Orders \$15.

Number of copies _____

Current students: no charge for first two, \$5 each thereafter

Wait for final grades? yes no

Graduates/past students: \$5 each request

Total: \$ _____ for office use: Sent _____

Payment to a credit card:

(circle one): MasterCard Visa Discover American Express

Name as it appears on card _____

Account # _____ Security code _____

Expires _____ Signature _____

(Or you may call the Registrar at 616-392-8555, x120 to relay your credit card info)