

## TRANSCRIPT REQUEST

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**Please print and sign:**

Registrar, Western Theological Seminary, 101 East 13<sup>th</sup> St., Holland, MI 49423

**OR**

You may Fax this request to 616.392.8889 or email registrar@westernsem.edu

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)

Maiden Name If Applicable: \_\_\_\_\_

Dates Attended/Year of Graduation: \_\_\_\_\_

Degree Program: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

E-MAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SEND TRANSCRIPT TO: *(INCLUDE COMPLETE ADDRESS FOR EACH TRANSCRIPT YOU REQUEST)*

Number of copies: \_\_\_\_\_

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