



Transcript Request Form

Name: _____
Last First Middle

Legal Name at Time of Last Enrollment: _____
Last First Middle

Current Address: _____
Street

City, State, Zip

Home Phone: (____) _____ Work Phone: (____) _____

E-mail: _____@_____ Years of Attendance _____ - _____

Total # of Official Transcripts (\$15 ea.): _____ Total # of Unofficial Transcripts (Free): _____ Date Needed: _____

Total Payment enclosed: \$ _____

Please mail my official transcripts to me at the address above. Official transcripts will be sealed in individual envelopes. Transcripts are considered unofficial once opened. Unofficial transcripts will be sent to you at the address above.

Please mail my official transcripts to the address(s) below:

Comments or special instructions:

Send this form along with \$15 per official transcript to:

Office of the Registrar
United Theological Seminary of the Twin Cities
767 Eustis St. Ste 140
St. Paul, MN 55114
Fax – 651.309.8925
registrar@unitedseminary.edu

Student Signature

Date