



Biblical Theological Seminary

Transcript Request Form

Please print clearly or type.

Allow at least two (2) working days for your request to be completed.

NAME:

last first middle

ADDRESS:
street city state zip

STUDENT ID # SS#: Last 4 digits Tele. #

PLEASE CHECK THE APPROPRIATE BOX AND INDICATE NUMBER NEEDED:

official transcript to student (in sealed envelope) number needed:

unofficial transcript to student number needed:

official transcript to be sent to:

Please give the complete name and address. Use back of form for any additional addresses.

ADDRESS #1:

name

street

city/state/zip

ADDRESS #2:

name

street

city/state/zip

What is the transcript for:

STUDENT SIGNATURE: Date:

Note: Transcript Fees: \$5 fee for each transcript issued using a check or cash. **\$5.50** fee for each transcript issued using a credit card. Please attach cash or check, or complete the credit card information below.

Transcripts will not be issued to students whose account has an outstanding balance and/or who have overdue library books."

VISA MASTERCARD OTHER

Card Number

3-digit security number on back of card (required)

Expiration Date:

(Office use only)

ISSUED BY: _____

DATE: _____

Biblical Theological Seminary 200 N Main Street Hatfield, PA 19440

If you do not plan to submit your completed form directly to academic/business office personnel. please deliver it securely to the academic office via a sealed envelope, fax, or email.