

NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

TRANSCRIPT REQUEST FORM

NOTES AND INSTRUCTIONS:

- **NO** Transcript of a student's record will be furnished to any student or alumnus whose financial obligations to the Seminary have not been satisfied.
- Requests should be made at least **2 weeks** before the transcript is needed.
- Payment is by Credit/Debit Card (Visa/MasterCard/Discovery) or Money Order **ONLY**.
(**NO American Express; NO Personal Checks**)
- Official Transcript fee: \$10.00 each
- Provide payment information on this form or call in your payment to 212-870-1219
- **EMAIL** completed form to: lbumgardner@nyts.edu

Please **PRINT** all information:

Name: (Last) _____ (First) _____ (Middle) _____

*Print name used when in attendance at NYTS (*if different) _____

Current Address: _____
Number & Street Apt. # City State Zip

Email _____ Phone No. _____

Program Attended: Certificate___ M.P.S. ___ MAPCC___ MARE___ MARLA___ MAYM___ M.Div___ D.Min___

Dates and/or Years of Attendance _____ Current Student___ Graduate___

Official Copies needed: _____ (\$10 per copy) # Unofficial Copies needed: _____ (No charge)

Print the complete address below where the transcript is to be mailed; including the name of the person the transcript should be addressed to:

Name of School: _____

Attention to: _____

Address: _____
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Date of Request

Signature

Charge to: Visa ___ MC ___ Discover ___ Name on Card (PRINT): _____

Exp. Date: _____ Card #: _____

Cardholder Signature: _____

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Approvals: Business Office: _____ Registrar: _____ Date Sent _____

Notes: _____

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