

# NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

## TRANSCRIPT REQUEST FORM

### NOTES AND INSTRUCTIONS:

- Transcript of a student's record will **NOT** 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 (AmEx/Visa/MasterCard/Discovery) – Complete the bottom of this form
- Official Transcript fee: \$10.00 each
- **EMAIL** completed form to: Registrar@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: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
Number & Street Apt. # City State Zip

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Signature

Charge to: Visa \_\_\_ MC \_\_\_ Discover \_\_\_ Name on Card (PRINT): \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Card #: \_\_\_\_\_ Security Code # \_\_\_\_\_  
(Back of Card)

Cardholder Signature: \_\_\_\_\_ EMAIL: \_\_\_\_\_

REQUIRED: Receipt will be sent to this email

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### BELOW FOR OFFICIAL USE ONLY

Approvals: Business Office: \_\_\_\_\_ Registrar: \_\_\_\_\_ Date Sent \_\_\_\_\_

Notes: \_\_\_\_\_