



OFFICIAL TRANSCRIPT REQUEST FORM

10-20-15

Student Information

Name of Student: _____

Name when attending, if different from above: _____

Date of Birth: _____

Contact Phone Number: _____

Email Address: _____

Dates Attended: _____ to _____
(year) (year)

I request that an official copy of my transcript be sent to the following:

Student Signature

Date

The fee for an official transcript to be sent from The Episcopal Theological Seminary of the Southwest is \$10.00 (Exception – current students are exempt from fee). **Payment of fee is expected with the request form.** The expected time that the transcript will be sent upon receiving the *Official Transcript Request* is one working day. Contact the Registrar’s office with any additional questions at registrar@ssw.edu.

For office use only: Amount Paid: _____ Date: _____
