

REQUEST FOR TRANSCRIPT

The Graduate Theological Union 2400 Ridge Road Berkeley CA 94709
Fax: (510) 649-1730

NOTE: Transcripts are produced on the first work day of each work week and must be received prior to that day in order to guarantee processing that week. RUSH TRANSCRIPTS ARE NOT AVAILABLE. Please plan accordingly! There is currently no charge for transcripts, but we do ask that you only request copies for which you have an immediate need. The student's signature is required in order to process a transcript request (faxed or scanned copies of the signed request form are acceptable but an e-mail request is not acceptable).

Student Name: _____ Phone (____) ____ - _____

Email Address: _____ Address: _____

Degree/Program (select one): PhD: ____ Common MA: ____ CJS Certificate: ____ Special Student ____

Current student **OR** Term and year started program: _____ **AND** Last term and year attended: _____

Please list the addresses to which the transcripts are to be sent. At the bottom of each column, indicate the number of each type required for each address.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Official (with seal) # _____ Student Use #: _____	Official (with seal) #: _____ Student Use #: _____

Date request made: ____/____/____

Date transcript(s) sent: ____/____/____

Student/Authorization signature: _____

NOTE: Your request cannot be processed without your signature