

# 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 a \$5 fee for each transcript. 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: \_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Charge	
Amount Paid	
Balance Due	
Credit	

Student/Authorization signature: \_\_\_\_\_

**NOTE: Your request cannot be processed without your signature**

\*\*\*Please consider this invoice a request for payment without further statements\*\*\*