



Westminster Seminary California

TRANSCRIPT REQUEST FORM

*Please print out, complete, and mail or fax to:
Westminster Seminary California
1725 Bear Valley Parkway, Escondido, CA 92027
Fax: 760.480.0252*

Name: _____ Today's Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SS#: _____ D.O.B.: _____

Dates Attended: _____ Degree Program: _____

Signature: _____

How many **official** transcripts would you like to request? _____ (\$10 each)

How many **unofficial** transcripts would you like to request? _____ (free)

Hold for final grades?	___ Yes	___ No
Include work in progress?	___ Yes	___ No
Hold for completion of degree?	___ Yes	___ No
Send now?	___ Yes	___ No

Mail Transcript(s) to (please write additional addresses on the back):

Each **official** transcript is \$10. Total enclosed: \$ _____
(Check or money order only. Please make payable to Westminster Seminary California)

OFFICE USE ONLY

Date Received: _____

Date Issued: _____

Paid: _____