



# TRANSCRIPT REQUEST FORM

**PLEASE READ BEFORE COMPLETING THIS FORM:** One to two weeks is required for transcript(s) to be processed and mailed. Transcripts are sent out standard mail only. Transcripts are not released when the student has a Business Office hold. FEE PER COPY IS \$10.00. Different degrees are on separate transcripts, and each transcript is \$10.00. We accept cash or check only. Checks should be made out to Luther Seminary and accompany this request. Mail to: Registrar, Luther Seminary, 2481 Como Ave., St. Paul, MN 55108. Requests are not accepted by phone, e-mail or fax. All transcripts released to the student will be stamped "Issued to Student" unless the student requests the transcripts to be issued in a sealed envelope. "Issued to Student" transcripts are not considered official by other academic institutions. **PLEASE PRINT LEGIBLY.** Use your legal name and not your preferred name or nick name.

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_ **M.I.:** \_\_\_\_\_

**NAME(S) ATTENDED AS (if different than above):** \_\_\_\_\_

**STREET:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**DAYTIME PHONE:** \_\_\_\_\_ **EVENING PHONE:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**SSN# or STUDENT ID#:** \_\_\_\_\_ **BIRTHDATE (MM/DD):** \_\_\_\_\_

**CURRENTLY ENROLLED?** YES \_\_\_\_\_ NO \_\_\_\_\_

**DATE GRADUATED:** \_\_\_\_\_ **OR LAST DATE OF ATTENDANCE** \_\_\_\_\_

**DEGREE PROGRAM(S):** \_\_\_\_\_ **NUMBER OF COPIES:** \_\_\_\_\_

*PLEASE SPECIFY DEGREE PROGRAM(S) AND HOW MANY OF EACH ARE NEEDED.(i.e. Master of Divinity – 5 copies AND Master of Theology – 3 copies) Please use one request form for each location to be sent.*

**PLEASE CHECK ALL THAT APPLY:**

\_\_\_\_ **HOLD FOR PICK UP:** Please contact me at: \_\_\_\_\_

\_\_\_\_ **OFFICIAL SEALED ENVELOPE**

\_\_\_\_ **UNOFFICIAL "ISSUED TO STUDENT" COPY**

\_\_\_\_ **SEND AFTER** \_\_\_\_\_ **(term) WHEN GRADES ARE POSTED**

\_\_\_\_ **SEND AFTER DEGREE IS POSTED**

\_\_\_\_ **OTHER: (please explain)** \_\_\_\_\_

**PLEASE SEND TRANSCRIPT(S) TO:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Office use only:**  Paid  Collect \$ \_\_\_\_\_ Received \_\_\_\_\_ Sent \_\_\_\_\_