Northern Baptist Theological Seminary
**Office of the Registrar**
660 E. Butterfield Rd.
Lombard, IL 60148-5698

Tel. (630) 620-2196
Fax (630) 620-2190
*registrar@seminary.edu*

# Student Transcript Request

1. Please allow one week for issuance of transcript. The end of a term may require more time.
2. No transcript will be issued to or for a student who is indebted to the seminary until the obligation has been met in full.
3. Fees: $15.00 for each transcript issued; same day issuance $20.00 per copy; Faxed transcript (with hard copy in mail) $20.00 per copy; Overnight mail $40.00 per copy.

## Student's Name and Address — Please Print Clearly

_____ _____
Last Name First name Middle Initial Student ID Number

_____
Street Address/Apartment Number City State Zip Code

_____ _____
Preferred Phone Number Preferred E-mail Address

Are you currently enrolled: ☐ Yes ☐ No If no, indicate last Year/Term of Attendance _____

Reason for request: ☐ Employment, ☐ Scholarship, ☐ Transfer, ☐ Personal use, ☐ Other _____

## When to Send Transcript(s):

☐ Now ☐ After Grades are Posted ☐ After Degree Posts ☐ Will Pick up

Request for Official Transcript ($15.00 each) Number of Copies: _____ Cost:_____

Request for Same Day Issuance ($20.00 each) Number of Copies:_____ Cost:_____

Request for Faxed Transcript ($20.00 each) with hard copy mailed. Fax Number: _____) Number of Copies:_____ Cost:_____

Request for Transcript by Overnight Delivery ($40.00) Number of Copies:_____ Cost:_____

Credit Card (Visa, MC, Disc) #_____-_____-_____-_____ Exp. ___/___ CVV# (3-digit # on back):_____
*(Minimum charge of $15)*

## Where to Send Transcript(s):

Complete Address #1 Complete Address #2

_____ _____
_____ _____
_____ _____
_____ _____

_____ _____
**Student Signature** (required) **Date**

_____ _____ _____
Amount Paid Business Office Clearance Date Issued

3/11/15