PALMER THEOLOGICAL SEMINARY
Office of the Registrar

REQUEST FOR TRANSCRIPT

NOTE: COMPLETE A SEPARATE FORM FOR EACH REQUEST

STUDENT LAST NAME	FIRST	MIDDLE
NAME UNDER WHICH YOU GRADUATED AND OTHER LAST NAMES (IF DIFFERENT FROM PRESENT)		
STREET ADDRESS		
CITY	STATE	ZIP
DAY PHONE #	CELL PHONE #	EMAIL

TRANSCRIPT: ☐ OFFICIAL ☐ UNOFFICIAL

SEND_____COPIES TO: (PRINT RECIPIENT NAME AND ADDRESS BELOW)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

ID#_____ SS#_____

Currently Attending ☐ Yes ☐ No

Dates of Attendance/Graduation_____

Degree Earned_____

_____ _____

SIGNATURE AUTHORIZING RELEASE **DATE**

A transcript is issued upon written request if all financial obligations to the Seminary and Eastern University are met. Official transcripts, with Eastern University's seal and Registrar's signature, are sent directly to the institutions and authorized persons for whom they are requested. Please enclose the fee of $10.00 for each transcript requested.

FOR OFFICE USE ONLY	
DATE REQUESTED_____	DATE SENT_____

ALLOW 10 BUSINESS DAYS FOR PROCESSING

PLEASE RETURN TO:
OFFICE OF THE REGISTRAR
EASTERN UNIVERSITY
1300 EAGLE ROAD, ST DAVIDS, PENNSYLVANIA USA 19087
TEL: 610-341-1379 FAX 610-341-1707
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R.O. 03/2016