

Transcript Request

Instructions

Complete this form and fax or mail a copy of it to **the last** school or college you attended along with any necessary fee. Northeastern Seminary requires that an official transcript be sent to the admissions office from the last school/college you attended.

To be completed by the applicant:

Date _____

To: Registrar at _____
Name of high school, college, or university

I authorize and request that an official transcript be sent to:

*Admissions Department
Northeastern Seminary
2265 Westside Drive
Rochester, NY 14624-1997*

Student name _____
Last First Middle Former name

Address _____
Number and street

City, State Zip

Social Security number _____ - _____ - _____

Dates of enrollment: From _____ to _____

Degree conferred date _____

A check for \$ _____ is enclosed

Signature _____