

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

Please print or type

To: Registrar at _____
Name of school or college

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

*Admissions Department
Northeastern Seminary
2265 Westside Drive
Rochester, New York 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 _____ Date _____