

TRANSCRIPT REQUEST

Instructions

Complete this form and fax or mail a copy of it to all colleges or universities you have attended along with the appropriate fee. Northeastern Seminary requires that an official transcript be sent to the admissions office from every undergraduate and graduate institution you have attended.

To be completed by the applicant:

Date _____

To: Registrar at _____
Name of 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

Dates of enrollment from _____ to _____

Degree conferred date _____

A check for \$ _____ is enclosed

Signature _____