WESTERN SEMINARY

Transcript Request

Full Name _____ Student ID _____
First Middle Last

Social Security Number _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Home Phone ( ) _____

Work Phone ( ) _____ Cell Phone ( ) _____

Spouse Name (optional) _____ **Note:** *Contact information will be used to update our records.*

Approximate Dates of Attendance _____ ☐ Hold for posted grade in the following class(es) _____

Degrees Earned From Western Seminary (if any) _____ ☐ Hold for posted degree

Number of Official Transcripts Needed _____ Number of Unofficial Transcripts Needed _____

Signature _____ Date _____

Please enter the exact address or addresses to which the transcript(s) should be sent.

Address 1: _____ Address 2: _____

_____ _____

_____ _____

☐ Regular Processing: $4.00 per official and/or unofficial copy for processing within 7-10 business days.*
☐ Rush Processing: $4.00 per official and/or unofficial copy plus an additional $15.00 per U.S. address for processing within 3 business days.*
**If there is an unpaid debt on your student account your request may be delayed or held.*

Payment: ☐ Check Enclosed ☐ VISA ☐ MasterCard ☐ Discover Amount Western Seminary is authorized to charge $____

Card Number _____ Expiration Date _____

Please return this form to:

WESTERN SEMINARY
Attn: Mitra Motlagh
5511 SE Hawthorne Blvd.
Portland, OR 97215
(503) 517-1801 FAX

Any Questions?
Please contact Mitra Motlagh
(503) 517-1833 local
(877) 517-1800 ext. 1833 toll free
mmotlagh@westernseminary.edu