

NEW YORK THEOLOGICAL SEMINARY

...continuing The Biblical Seminary in New York

TRANSCRIPT REQUEST FORM

NOTES AND INSTRUCTIONS:

Rev. 01/12/18 LRB

- **NO** Transcript of a student's record will be furnished to any student or alumnus whose financial obligations to the Seminary have not been satisfied.
- Requests should be made at least **2 weeks** before the transcript is needed.
- Payment is by Credit/Debit Card (Visa/MasterCard/Discovery) or Money Order **ONLY**.
(**NO American Express; NO Personal Checks**)
- Official Transcript fee: \$10.00 each
- Provide payment information on this form or call in your payment to 212-870-1219
- **EMAIL** completed form to: lbumgardner@nyts.edu

Please **PRINT** all information:

Date of Request: _____

Name: (Last) _____ (First) _____ (Middle) _____

*Print name used when in attendance at NYTS (*if different) _____

Current Address: _____
Number & Street Apt. # City State Zip

Email _____ Phone No. _____

Program Attended: Certificate ___ M.P.S. ___ MAPCC ___ MARE ___ MARLA ___ MAYM ___ M.Div ___ D.Min ___

Dates and/or Years of Attendance _____ Current Student ___ Graduate ___

Official Copies needed: _____ (\$10 per copy) # Unofficial Copies needed: _____ (No charge)

Special Instructions to Registrar's Office: _____

Print the complete address below where the transcript is to be mailed; including the name of the person the transcript should be addressed to:

Name of School: _____

Attention to: _____

Address: _____
Number & Street Apt. # City State Zip

Signature: _____

Approvals: Business Office: _____ Registrar: _____ Date Sent _____

Notes: _____

Charge to: Visa ___ MC ___ Discover ___ Name on Card (PRINT): _____

Exp. Date: _____ Card #: _____ Security Code # _____
(Back of Card)

Cardholder Signature: _____ EMAIL: _____

REQUIRED: Receipt will be sent to this email