Urbana Theological Seminary
Request of Transcript

Date: _____

There will be a $5.00 fee for each transcript issued. The transcripts will be sent out 3-5 business days after receiving the order. This form must be signed in order for us to process the request. Please attach cash, check, or credit card information with the form and mail to the address below. Please print with blue or black ink.

Student Name: _____
Last First Middle Maiden

Address: _____
Street Apt # City State Zip

Student ID#: _____

Social Security #: _____

Date of Birth: _____

Dates Attended: _____

Degree Program: _____

Please check and indicate number of transcript needed:

- ☐ Unofficial Transcript (released to students) Number of Transcript Needed: _____
- ☐ Official Transcript (released to students) Number of Transcript Needed: _____
- ☐ Official Transcript Sent To: (Please give complete name and address… use back of form for additional requests)

Request #1: Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Request #2: Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Student's Signature: _____ Date: _____

Please check appropriate boxes:

☐ Cash ☐ Check (Payable to Urbana Theological Seminary) Check Number # _____ ☐ Credit Card

☐ Visa ☐ Master Card Number: _____ Exp Date: _____

Name: _____ Signature: _____

(Office Use Only)

Issued By: _____ Date: _____

Mail to: Urbana Theological Seminary - 314 E. Daniel Street - Champaign, IL 61820 - www.urbanaseminary.org - 217.365.9005