

OFFICIAL TRANSCRIPT REQUEST FORM

Phillips University

Name: _____ Date: _____

Other name(s) you have had: _____

Date of Birth: _____ ID# or SSN: _____

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Approximate Dates of Attendance: _____

Release Transcript Immediately: _____ Hold for Grades/Grade Change: _____

Number of Transcripts: _____ @ \$5.00 each TOTAL: _____

SIGNATURE FOR RELEASE (REQUIRED): _____

METHOD OF PAYMENT

Check enclosed: _____ Type of Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ Code: _____

Visa, MasterCard, Discover (only)

Name as it appears on credit card: _____

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SIGNATURE OF CARD HOLDER (if different from above): _____

MAILING ADDRESS FOR TRANSCRIPT(S):

Phillips Theological Seminary will not issue transcript(s) if you have unpaid balances.