

# TRANSCRIPT REQUEST

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## Instructions

Complete this form and fax or mail a copy of it to the last school or college you attended along with any necessary fee. Northeastern Seminary requires that an official transcript be sent to the admissions office from the last school/college you attended.

## To be completed by the applicant:

Date \_\_\_\_\_

To: Registrar at \_\_\_\_\_  
Name of high school, 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 \_\_\_\_\_