



TRANSCRIPT REQUEST FORM

There is a fee of \$10.00 for each transcript requested payable by cash, credit card (see below), or check to EDS. Only the person named on the transcript may request transcripts. Current students do not have to pay the transcript fee.

Please print the following information:

Date \_\_\_\_\_

Name (When registered at the School) \_\_\_\_\_

Current address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_ Tel. \_\_\_\_\_

Are you a Current Student?  Yes  No If not, please indicate date of graduation: \_\_\_\_\_

School affiliation:  EDS  PDS  ETS \*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ mm dd yyyy \*(required to verify identity)

Degree program while attending:  DMin  MDiv  MATS  Certificate  Continuing Education

Other \_\_\_\_\_ (Please check more than one if applicable)

Reason for this request: \_\_\_\_\_

Please prepare transcript(s) as authorized by my signature: \_\_\_\_\_

Do you wish the transcript(s) mailed? If so, please list the address(es) below. If you wish to pick up the transcript(s) in person, please write HOLD in the space below.

Table with 2 columns: Quantity, Address

Please use reverse for additional addresses

CREDIT CARD INFORMATION

VISA  MasterCard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on the Card \_\_\_\_\_

I authorize the Episcopal Divinity School to charge transcript fees to the credit card noted above.

Signature \_\_\_\_\_

FOR OFFICE USE ONLY:

Type and amount of payment: \_\_\_\_\_

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date sent/picked up: \_\_\_\_/\_\_\_\_/\_\_\_\_