



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.

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: ____/____/____