

Transcript Request Form

Please complete this form and return it to **Office of the Registrar**
Columbia Theological Seminary FAX: 404-687-4575
P. O. Box 520
Decatur, GA 30031

Instructions

In order for a transcript request to be processed properly, each applicant must provide all requested information, and must include accurate, complete mailing addresses. If you were enrolled at Columbia under a different last name, please include your former name in the space provided. Transcripts are processed on Thursdays; however, requests must be received by Wednesday noon. The cost for a mailed transcript is \$5 for the first copy and \$2 for each additional copy. The cost for a faxed copy is \$10 per copy. Payment must accompany each request. An emergency fee of \$20 per mailed transcript and \$25 per faxed transcript will be charged for transcript requests that need to be processed other than the normal time. Emergency requests will be processed 24 hours from receipt of the request.

Name

First Middle Last Former

Address

City State ZIP

Transcript requested for M.Div. M.A.T.S. Th.M. D.Min. D.Ed.Min. Th.D.

Dates of attendance at Columbia Theological Seminary

Mailing Instructions

- Send within 24 hours
- Send within 10 days
- Send after Fall Semester
- Send after the Spring Semester

Purpose of Transcript Request

- Graduate Study
- Transferring
- Employment
- Certification
- Scholarship
- Military
- Other

Number of transcripts requested Official Unofficial

Name of Recipient

Institution or Organization (if applicable)

Address

City State Zip

Date Signature (REQUIRED)_____

FOR OFFICE USE ONLY

Fee Paid _____ Date transcript sent _____ Processed by _____