



TRANSCRIPT REQUEST FORM

Please complete and return to:

Office of the Registrar

Fax: 404-687-4575

P.O. Box 520

Phone: 404-687-4521

Decatur, GA 30031

Email: Registrar@CTSnet.edu

INSTRUCTIONS: For a transcript request to be processed properly, you must provide all requested information, including accurate and complete mailing addresses. If you were enrolled at CTS under a different last name, please include your former name in the space provided. Requests must be received by Wednesday noon to be processed on our usual weekly cycle each Thursday. Beginning November 1, 2021, there will be no cost for transcripts processed on the usual weekly cycle. An emergency fee of \$20 per mailed transcript and \$25 per faxed and mailed transcript will be charged for transcript requests that need to be processed sooner than the weekly processing cycle. Emergency requests will be processed within 24 hours from receipt of the request during the business week. Payment for emergency requests may be by check (made to Columbia Theological Seminary), money order, cash, or by credit card through the Business Office at 404-687-4513. Official transcripts are on CTS-specific security paper that does not copy or scan well, and unofficial transcripts are on plain white paper that does copy and scan well.

Name: _____
First Middle Last Former

Address: _____
City State Zip Phone

Calendar years of attendance at CTS (e.g., 2001-2004): _____

Transcript requested for: MDiv MA(TS) MAPT ThM DMin DEdMin ThD

Mailing Instructions:	Purpose of Transcript Request:
Send within 24 hours (Emergency Request)	Graduate Study
Send on weekly processing cycle	Scholarship
Send after Fall Semester Grades	Military
Send after Spring Semester Grades	Other
	Certification

Number of transcripts requested: Official ____ Unofficial ____

Legibly print name of recipient and complete address and/or fax number where transcript is to be sent:

Date: _____ **Signature:** _____