



Lancaster Theological Seminary

Request for Release of Academic Transcript

If you wish to have a record of this transaction, please print a copy for your files.

This form may be completed on-line, printed, signed and submitted with fee to:
Office of the Dean, Attn: Desiree York
555 West James Street
Lancaster, PA 17603

PERSONAL INFORMATION: (Please type or print clearly your name while in Seminary)

Name: While in seminary	Birthdate: (xx/xx/xxxx)	
Current Phone	Current e-mail address:	Is this a new address?
Complete Mailing Address including zipcode		NO YES
Degree Program	Years of Attendance	Did you Graduate? NO YES

Signature of Student or Former Student (required for release of transcript)

Number of transcripts requested @ \$10.00 each*

Amount included**: \$

*Current registered students may receive one (1) transcript per semester without charge. The fee will be charged for subsequent transcripts.

**Please make check payable to "Lancaster Theological Seminary."

SEND TRANSCRIPT(S) TO [Complete address, including zip code, is required]:

(Please use additional sheet, if necessary)

Please allow up to 5 days for processing