# *Memphis Theological Seminary*

Registrar's Office
168 East Parkway South
Memphis, TN 38104
Phone: (901) 334-5860  Fax: (901) 452-4051

## TRANSCRIPT REQUEST

Please print or type:

Name: _____
First  Middle  (Maiden, if applicable)  Last

Are you currently enrolled? [ ] Yes  [ ] No  If no, date you were last enrolled: _____

Date of Birth: _____  SSN or Student ID# _____

Daytime Phone Number: _____  email address: _____

I hereby authorize Memphis Theological Seminary to send an official copy:

| Mail Transcript To: | Your Name and Mailing Address |
|---|---|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Complete separate requests for each additional address.

[ ] Number of transcripts you are requesting to address  [ ] Mail now  [ ] Pick up _____ (Date)

[ ] Hold for current term's grades _____ (Term) 20 _____  [ ] Hold for degree _____ (Graduation) 20 _____

[ ] Hold for grade change _____ (Dept.) _____ (No.) _____ (Term) 20 _____

____ Paid $5.00 fee  _____ No charge (first transcript)

**Family Education Rights and Privacy Act of 1974** Section 438 (4) B personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the student.

**SIGNATURE:** _____