Official Transcript / Student Record Request Form

Eden Theological Seminary ~ Registrar's Office
475 East Lockwood Ave. ~ Webster Groves, MO 63119
(phone) 314.918.2599 (fax) 314.918.2544 (e-mail) mwobbe@eden.edu

- A transcript fee of $5.00 is required for each transcript. Make checks payable to Eden Theological Seminary. *Requests received at the Seminary without payment will be held until payment is received. Requests will remain active for 30 days. If payment is not made within 30 days, request will be destroyed.*
- Transcript requests may be made by FAX, however, payment is required before transcript will be mailed. You may pay using a credit card by calling the Accounting Office at 314.918.2562.
- Due to the confidential nature of a transcript, we will not normally send transcripts by fax. If your circumstances require that a transcript be sent by fax, please contact the Registrar directly at the phone number listed above.
- Transcripts mailed directly to your home will be issued in a signed and sealed envelope.
- Transcript fee for express mailing (FedEx) is $30.00. Make check payable to Eden Theological Seminary.

Your Name _____/_____
Last First M.I. Maiden

Your Address _____
Street

_____
City State Zip code

Phone Number _____ Date of Birth _____

E-mail Address _____
(for confirmation that your transcript has been sent)

Date of Graduation _____ OR Dates of Last Attendance _____ to _____

Transcript Request
___ number of transcripts requested

Special Delivery Instructions
___ Mail as soon as possible to address(es) listed below
- OR -
Hold for:
___ Current semester grades
___ Posting of degree

Student Record Request
(current students only)
____ I request a copy of my Oral Evaluation be mailed to the address below

* requests for Contextual Education evaluations must be made in the Contextual Education Ofc.

Mail Official Transcript(s) To:

Address 1

Name_____

Address _____

_____

_____

Address 2

Name_____

Address _____

_____

_____

*for more than 2 requests, please complete an additional form

Signature: _____ Date: _____

For Office Use Only:

Date mailed _____ Confirmation Sent _____ Check#_____ Check Amt _____