

Transcript Request Form

Eden Theological Seminary ~ Registrar's Office 475 East Lockwood Ave. ~ Webster Groves, MO 63119 (phone) 314.918.2599 (fax) 314.962.9918(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 314.918.2726.
- **Electronic Transcripts**: If requesting an electronic transcript, it will be sent as a secure PDF that will not be printable. Please be sure that this is acceptable to the person you wish for the transcript to be sent to.

Transcripts mailed directl	y to your home will be issu	ed in a signed and	sealed envelope.
Last	First	M.I.	Maiden
Your Address Street			
Cth.	Chata	7:	
City	State	Zip code	
Phone Number		Date of Birth	
E-mail Address(for confirm	ation that your transcript h	nas been sent)	
Date of Graduation	OR D	ates of Last Atte	ndance to
Processing Instructions:		Special Handling:	
Number of transcripts requested		Overnight Delivery (see fees above)	
Mail as soon as possible to address(es) listed below OR, wait for:		Email Secure PDF (cannot be printed) to email address below:	
Current semester grades Posting of degree			
Mail Official Transcript(s	s) To:		
Address 1		Address 2	
Name		Name	
Address		Address	
*for more than 2 more to	an annual or a delitarior of C	_	
*for more than 2 requests, plea	·		
Signature:		D	ate:
For Office Use Only:			
Date mailed	Confirmation Sent	_ Check#	Check Amt