

Winebrenner Theological Seminary TRANSCRIPT REQUEST FORM

TO: Office of the Registrar
Winebrenner Theological Seminary
950 North Main Street
Findlay, Ohio 45840
Office: (419) 434-4245
Fax: (419) 434-4267

I do hereby request an official copy of my transcript be sent to:
(please print)

I am aware that there is a \$6.00 charge per transcript. My payment is included.

Full Name _____

Social Security Number _____

Maiden/Former Name(s) _____

Current Address _____

Home Telephone Number (_____) _____

Signature _____

Today's Date _____

For Office Use Only:

1. Transcript request received
2. Payment received; forwarded to Business Office
3. Database information verified
4. Transcript processed: Official (copied, sealed, dated, signed)
(check one) Unofficial (copied only)

OR

We are unable to process this transcript request for the reason indicated below:

Unpaid student account (Business Office, Library, Bookstore)

Dishonorable dismissal from seminary

5. Transcript mailed _____
(date)

OR

Hold transcript for pick-up