



TRANSCRIPT REQUEST FORM
Please fill out completely

PRINT LAST NAME, FIRST	SIGNATURE	DATE
OTHER NAMES USED	HOME PHONE	OFFICE PHONE
DATES OF ATTENDANCE _____		
MAIL TRANSCRIPT TO: (Complete Address & Zip Code)		
_____		TRANSCRIPT REQUEST POLICIES 1. Transcript requests are processed on a first come, first serve basis. 2. Please allow 2-3 business days for processing and 5-10 business days during peak periods (registration, end of semester, graduation) 3. Each transcript is \$5.00. 4. All financial obligations to Hood Seminary must be met before transcripts are mailed. 5. If there is a specific deadline to be met, please fill in date below. We will attempt to meet your request. _____ Deadline Date
_____	NUMBER OF COPIES TO THIS ADDRESS	
_____	_____	
_____	_____	
STUDENT ID OR SOC. SEC#.	DATE OF BIRTH	
CURRENTLY ENROLLED	<input type="checkbox"/> YES <input type="checkbox"/> NO	TERM _____
<input type="checkbox"/> HOLD FOR GRADES	<input type="checkbox"/> FALL <input type="checkbox"/> WINTER <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER	
<input type="checkbox"/> HOLD FOR DEGREE NOTATION		
IF GRADUATED, DEGREE AND DATE	_____ / _____	
STUDENT'S NAME & ADDRESS LABEL (Please Print)		

E-mail Address	_____	
<p><i>Please send completed form and \$5.00 for each transcript to:</i></p> <p>Registrar Hood Theological Seminary 1810 Lutheran Synod Drive Salisbury, NC 28144</p>		
FOR OFFICE USE ONLY Amount received: _____ Receipt No: _____ Balance: _____ ***** Date Received: _____ Date Mailed: _____ Enclosures: _____ Processed By: _____		