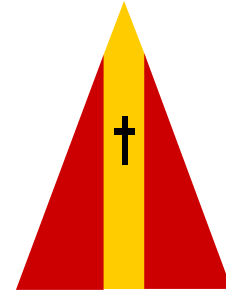


HOOD THEOLOGICAL SEMINARY
 1810 Lutheran Synod Drive
 Salisbury, North Carolina 28144

TRANSCRIPT REQUEST FORM
 Please fill out completely



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PRINT LAST NAME, FIRST

SIGNATURE

DATE

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OTHER NAMES USED

HOME PHONE

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TRANSCRIPT REQUEST POLICIES

DATES OF ATTENDANCE _____

MAIL TRANSCRIPT TO: (Complete Address & Zip Code)

NUMBER OF COPIES TO THIS ADDRESS _____

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 grading, 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.

SOC. SEC. NO. _____ DATE OF BIRTH _____

CURRENTLY ENROLLED YES NO TERM _____

HOLD FOR GRADES FALL WINTER SPRING SUMMER

HOLD FOR DEGREE NOTATION

IF GRADUATED, DEGREE AND DATE _____ / _____

ADDITIONAL COURSES AFTER DEGREE? _____

 Deadline Date

STUDENT'S NAME & ADDRESS LABEL (Please Print)

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Amount received: _____

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