



SEMINARY OF THE
SOUTHWEST

AN EPISCOPAL SEMINARY

OFFICIAL TRANSCRIPT REQUEST FORM

Student Information

Name of Student _____

Name when attending, if different from above: _____

Date of Birth: _____

SSN# _____

Dates Attended: _____ to _____
(year) (year)

I request that an official copy of my transcript be sent to the following:

Student Signature

Date

The fee for an official transcript to send from the Seminary of the Southwest is \$10.00. The expected time that the transcript will be send upon receiving the *Official Transcript Request* is one working day. Contact the Registrar's office with any additional questions.