

REQUEST FOR TRANSCRIPT

I request that you send my official Central Baptist Theological Seminary transcripts to:

Number of Transcripts Needed _____ Placed in Separate Envelopes? (YES) (NO)

Name of Student _____

Address _____

City, State, ZIP _____

Telephone Number _____ Email Address _____

Signature (no electronic signatures accepted) _____

Social Security # _____ Dates Studied at Central _____

Today's Date _____ Date Needed _____

Please allow at least 24 hours for transcript to be sent.

Transcripts are free for enrolled students. Alumni/ae pay \$10.00 per transcript.
Extra \$25 charge for express mail (to addresses in the U.S. only)? (YES) (NO)

If you choose to pay by credit/debit card, include the following information:

Type of Card: AMEX / Discover / Master Card / VISA Amount to be Charged: _____

Card Number _____ Exp. Date _____

Name and address on the card if different from above: _____

Mail Requests To:

Central Baptist Theological Seminary
ATTN: Registrar
6601 Monticello Road
Shawnee, KS 66226-3513

or Fax request to: 913) 667-5767

OFFICE USE ONLY
__ Paid Fee/ __ Free (Current Student)
__ Printed
SENT: _____