

REQUEST FOR OFFICIAL TRANSCRIPT
SOUTHEASTERN BAPTIST THEOLOGICAL SEMINARY
 AND
THE COLLEGE AT SOUTHEASTERN
 PO BOX 1889 -- WAKE FOREST, NORTH CAROLINA 27588
 Fax: 919-761-2299
 Please **PRINT** in all Sections

NAME		
STREET		
CITY	STATE	ZIP

Send Transcript(s) to: (please print)

INSTRUCTIONS

1. Please use a separate form for each mailing address.
2. Transcript Fees:
 - Official Copy: **\$5.00**
 - On-Campus: **No Charge**
 - Unofficial Copy: **No Charge**
3. A transcript will not be issued if not in good standing.
4. Student records are confidential and transcripts are issued only on the written request of the student

Maiden Name _____

Email Address _____

Phone Number _____

Student ID # _____

Social Security Number _____ - _____ - _____

Date of Birth _____ / _____ / _____

Are you currently enrolled at Southeastern?
 YES _____ NO _____

If not, when did you last attend? _____

_____ Undergraduate
 _____ Graduate or THM
 _____ Doctoral

Dates of Attendance _____

Degrees Sought _____

Degrees Received _____

Number of Transcripts Requested _____

Check one:

_____ **SEND** transcript (s) immediately
 (normal processing time is 5 working days)

_____ **HOLD** for _____ term grades

_____ **HOLD** for degree conferred
 (circle one) May Dec

_____ Process as **UNOFFICIAL** transcript

 Signature & Date

ACCOUNTING SERVICES ONLY	
Approved _____	
Denied / Unofficial Copy Only _____	
Date _____	Initial _____

OFFICE USE ONLY	
Date Received _____	
Date Processed _____	
Payment Received _____	