



TRANSCRIPT REQUEST FORM

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), all students must submit written permission to release a transcript.

TODAY'S DATE: _____

STUDENT'S NAME: _____
Last First Middle

SOCIAL SECURITY NO.: _____
Last four digits only

CURRENT ADDRESS: _____
Street Address Apt. No.

City State Country ZIP/Postal code

EMAIL: _____ PHONE: _____

STUDENT STATUS AND YEAR OF DEGREE OR CERTIFICATE:
Please indicate completion year or last year last attended next to all that apply.

M.Div. _____ M.A. _____ S.T.M _____
Ph.D. _____ D.Min. _____ Deaconess _____
SMP _____ RAR _____ GPC _____
CHS _____ Delto _____ EIIT _____

Current student:

NUMBER OF TRANSCRIPT COPIES NEEDED: _____

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Send to Concordia Seminary Advanced Studies Office:
Send to Concordia Seminary Financial Aid Office:
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SEND TRANSCRIPT TO ADDRESS: _____
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YOUR SIGNATURE: _____ DATE: _____

SEND COMPLETED FORMS TO: Registrar's Office Email: registrar@csl.edu
Concordia Seminary
801 Seminary Place
Saint Louis, MO 63105

