

$\{$ OFFICE OF THE REGISTRAR

Request:

Transcript

Today's date:_		Dates o	of attendance:		
Degree(s) requ	uested:				
Name:					
Email:					
Address:					
Send to:					
Instructions:					
	☐ Will pick up	☐ Hold for grades	Deadline (<i>if applic</i>	able)	
No. of copies:	l transcript (\$5.0	00) Fee is waived for	r students currently	enrolled.	
Fax or	PDF (\$3.00 in a	ddition to the \$5 pro	cessing fee)		
agency or pers	son for whom the	cy of the registrar's o e transcript was requ re requested, they w	iested. Such transcr	ipts will be mailed	d directly by the regis-
may go to an u request a FAX	unattended FAX ed transcript, you	machine or may be s	seen by someone ot	her than the inter	ding that the transcript nded receiver. If you eological Seminary is
Holds: Transcr	ipts for students	with account holds of	cannot be released.		
Student's Sign	nature (required)	:			

Send to: Bexley Seabury Seminary 1407 60th Street Chicago, IL 60637 Fax # 773-380-6788

