



# PAYNE THEOLOGICAL SEMINARY

Payne Theological Seminary 1230 Wilberforce-Clifton Rd  
PO Box 474, Wilberforce, OH 45384  
937-376-2946

## Transcript Request Form

Official Transcript  
Unofficial Transcript

\$10.00  
No Charge

**\*\*\*NO TRANSCRIPT will be issued if there is a HOLD on the Student's Account\*\*\***

Instructions: Print or type ALL information. Fill out one form for EACH place to which a transcript should be sent.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Mail to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICIAL TRANSCRIPT \_\_\_\_\_ UNOFFICIAL TRANSCRIPT \_\_\_\_\_

\_\_\_\_\_

*Student's Signature*

*Date*

**Payne Theological Seminary accepts checks, money orders or credit cards for transcript request fees. If paying by credit card please contact the Business Office at Ext. 205**

### FOR OFFICE USE ONLY

Amount Due: \_\_\_\_\_ Date: \_\_\_\_\_

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check/MO# \_\_\_\_\_ Payment Rec'd: \_\_\_\_\_

Date of Received: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

\_\_\_\_\_

*Registrar's Signature*

*Date*