



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* _____