THE PROTESTANT EPISCOPAL THEOLOGICAL SEMINARY IN VIRGINIA

Transcript Request Information

Currently enrolled students, former students, and alumni/a are permitted to request an academic transcript to be sent to designated persons or institutions. All transcript requests must be in writing, and must be signed by the student making the request. We will not accept telephone or email transcript requests.

The cost is $5.00 per transcript. Please enclose a check, cash, or money order with your request. We are unable to accept credit cards.

A student’s financial obligations to Virginia Theological Seminary (VTS) must be met, before a transcript can be issued.

Please allow two to three weeks for the processing of transcript requests.

Requests may come in either of the two forms listed below:

1. Complete the Transcript Request/Release form below and mail to VTS.

2. If you are unable to print out this Request form, please include the following information in a letter to the Registrar:
   a. Name
   b. Address
   c. Daytime phone number
   d. Email address
   e. Date of last attendance
   f. Date of Graduation
   g. Program/Degree
   h. Maiden name, if applicable
   i. Address where you would like the transcript sent
   j. The letter must be signed by the student and dated

Mail the request form to:
   Registrar
   Virginia Theological Seminary
   3737 Seminary Road Box 145
   Alexandria, VA 22304

If you have any questions, please contact the Registrar at 703-370-6600.
Transcript Request/Release form

Mail to: Registrar, Virginia Theological Seminary
3737 Seminary Road Box 145
Alexandria, VA 22304

Send transcript(s) to:
{ } Student at address listed
{ } Addresses below

From:
________________________________________________
<table>
<thead>
<tr>
<th>Last name</th>
<th>First</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

________________________________________________

Street
________________________________________________

City                State                Zip
________________________________________________

Daytime phone number

________________________________________________

Email address

Signature: __________________________________________

Date: __________________________________________

Are you currently enrolled: { } Yes   { } No

If no, date of last attendance: _______________________

Date of graduation: _______________________

Program/Degree: _______________________

Maiden name, if applicable: _______________________

PLEASE RETURN WITH $5.00 FEE PER TRANSCRIPT.
(Students currently enrolled exempt until September following graduation.)

Total enclosed: $_______

Please allow two to three weeks for the processing of transcript requests.