



**WESLEY**  
THEOLOGICAL SEMINARY

Office of the Registrar  
4500 Massachusetts Avenue, NW • Washington, DC 20016  
PHONE 202-885-8650 • FAX 202-885-8605  
EMAIL registrar@wesleyseminary.edu

**TRANSCRIPT REQUEST**

**Instructions:** Complete one form per transcript and submit to the Office of the Registrar. Transcript requests must be received by Tuesday at 9:00 AM to be sent out that week. Processing may take longer during registration periods, grading periods and over holidays. Failure to provide complete information and signature may result in a processing delay.

Up to two official transcripts per week may be requested for FREE if received by the weekly deadline of Tuesday at 9:00 AM. Rush requests received after this deadline are \$10.00 apiece, as are additional transcripts beyond the two free copies. Payment must be received before processing. Transcripts will only be issued for students who are in good standing with the Business Office.

Official transcripts are enclosed in signed, sealed envelopes. In keeping with the Family Education Rights and Privacy Act of 1974, transcripts are issued only upon written request or authorization of the student. For identification purposes, the student's social security number is printed on the transcript.

Full Name At Time of Attendance _____
Street Address _____
City, State, Zip _____
Phone Number _____

Date of Request _____
Wesley ID or SSN _____
Dates of Enrollment _____
Degree Program _____

Send Transcript to: _____
<b>Full Address Required</b>
(Please make sure address fits on five lines. Do not add extra lines.)
_____
_____
<input type="checkbox"/> Pick up in office _____
Student Signature _____ Date _____

Check for Official Transcript	<input type="checkbox"/>
Check for Unofficial Transcript	<input type="checkbox"/>

Is this a <b>RUSH</b> request? (\$10.00 fee)	Y / N
Hold for pending grades?	Y / N
Semester: _____	

Method of payment (if applicable):
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
<input type="checkbox"/> Charge to Student Account <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Account Number: _____
Expiration Date (month / year): ____ / ____

<b>Office Use Only:</b>
Date Received: _____ Amount paid: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Student Account