



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 Monday at 9:00 AM to be sent out that week. Processing may take longer over holidays. Failure to provide complete information and signature may result in a processing delay.

Transcripts cost \$10/transcript. Payment must be received before processing (see box below). Transcripts will only be issued for those who are in good standing with the Business Office. You must clear any financial holds for transcripts to be processed.

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 signed request or authorization of the student. For identification purposes, the student's social security number is printed on the transcript.

Course of Study students should contact the Course of Study Office (ssheppard@wesleyseminary.edu) with all transcript inquiries

Full Name At Time of Attendance _____
Street Address _____
City, State, Zip _____
Phone Number _____
Email Address (Required) _____

Date of Request _____

Wesley ID or SSN _____

Dates of Enrollment _____

Degree Program _____

Send Transcript to: _____
Full Address Required
(Please make sure address fits on four lines. Do not add extra lines.) _____
<input type="checkbox"/> Check to PICK UP IN OFFICE
Student Signature _____ Date _____

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

Check for **RUSH** request (additional \$5.00 fee)

Check to Hold for Pending Grades

Semester: _____

Method of payment :
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Account Number: _____
Expiration Date (month / year): ____/____
3-digit security code: _____