

Registrar's Office: ph. 303-762-6995, 6399 S. Santa Fe Dr. Littleton, CO. 80120, registrar@denverseminary.edu, FAX: 303-783-3122

Requests should be sent to the Registrar's Office by mail, fax, or email. If you have a hold on your account, it must be cleared before transcripts can be sent.

Student Contact Information:

Student #: _____ Today's Date: _____ Date Last Attended: _____
 First Name: _____ Middle Name: _____ Last Name: _____
 Previous Name(s): _____ Social Security #: _____
 Current Address: _____ City: _____ State: _____ ZIP: _____
 Phone #: () _____ - _____ Email Address: _____

Transcript Request Information:

Select Transcript Type:

- Official
- Unofficial

Select Delivery Type:

- Standard (\$5.00 processed once a week)
- Rush (\$15.00 processed within 1 day of receipt)
- Overnight (\$35.00 sent USPS overnight express)
- After grades post for _____ semester
- After degree is posted
- Will pick up in person on this date: _____

Indicate Number of Transcripts Requesting:

- _____ @ \$0.00 -Unofficial Email
- _____ @ \$5.00 -Standard Mail
- _____ @ \$15.00 -Rush Mail
- _____ @ \$35.00 -Overnight Mail
- \$ _____ Total Cost

Transcript requests will not be processed until payment is received. We accept cash, check or credit. Credit card payments can be made online at:

www.denverseminary.edu/alumni/transcript-requests

Transcript Recipient Information:

Send _____ transcripts to the following address:

Institution or company

Person and/or Department

Street Address

City State ZIP

Send _____ transcripts to the following address:

Institution or company

Person and/or Department

Street Address

City State ZIP

Student Signature (required*)

Date

* In accordance with the Family Educational Rights and Privacy Act (FERPA) your signature is required to authorize release of your transcripts.

Special Instructions:

For office
use only

Date Received: _____

Date Paid: _____
Amount Paid: \$ _____

Date Mailed: _____
Processor Initials: _____