

Registrar's Office: ph. 303-762-6995, 6399 S. Santa Fe Dr. Littleton, CO. 80120, [registrar@denverseminary.edu](mailto: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:

- Unofficial copy emailed (processed once a week)
- 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

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](http://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: \_\_\_\_\_

Date Mailed: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_

Processor Initials: \_\_\_\_\_