TRANSCRIPT REQUEST FORM FOR COLLEGE RECORDS

Pensacola
Theological
Seminary

TO THE REGISTRAR:

I have applied to Pensacola Theological Seminary for the

fall ☐ spring ☐ summer ☐ of _____.
Year

Please send a copy of my College Transcript

To: Director of Admissions
Pensacola Theological Seminary
Pensacola Christian College
P.O. Box 18000
Pensacola, FL, U.S.A. 32523-9160

Attach the Personal Data given below to the transcript being sent to Pensacola Theological Seminary.

Date _____ Signature _____

Personal Data (student to complete information below)

_____ _____
Last Name First Middle / Maiden Social Security Number

_____ _____
Address Last Term Attended (Yr.)

_____ _____
City State ZIP Graduation Date (Mo. / Yr.)

_____ _____
Name of student at time of enrollment if different from above. Birth Date