



Office of the Registrar
7301 Germantown Avenue, Philadelphia, PA 19119
 Phone: 215-248-6302 FAX: 215-248-7315
 If questions, email apopovic@ltsp.edu

TRANSCRIPT REQUEST FORM

Allow at least one week for processing of request.
Processing will be delayed if financial accounts are not clear.

NOTE: An **official** transcript includes the registrar's signature, date, and embossed seminary seal. It is also enclosed in a sealed envelope with the registrar's signature across the seal and may be ruled invalid as an official document by some institutions if opened by the student. Current students may obtain an **unofficial** transcript, lacking the registrar's signature and seal, free of charge.

NAME: _____ NAME WHEN YOU STUDIED AT LTSP: _____
 STREET: _____ PHONE: _____
 CITY/STATE/ZIP: _____ E-MAIL: _____
 SIGNATURE: _____ DATE: _____

___ Current degree program, if applicable (if none, so indicate): _____
 ___ Approximate dates of any prior attendance: _____
 Did you complete your degree(s)? ___ Yes ___ No
 First degree program: _____ Year received: _____
 Second degree program: _____ Year received: _____

Special Instructions (check all that apply):
 ___ I will pick up ___ from the Registrar's Office ___ from my LTSP mailbox
 ___ Unofficial transcript(s) requested (for your personal information and/or for reporting grades to your synod/judicatory, unless instructed otherwise)
 ___ Official transcript(s) (required if sending to other schools)
 ___ Send after _____ term grades have been posted.
 ___ Send after degree has been posted.
 ___ Other. Explain: _____

Address(es) to which transcript(s) should be sent:

- | | |
|-------------------------------------|-------------------------------------|
| 1. _____

_____ | 2. _____

_____ |
|-------------------------------------|-------------------------------------|

Number of copies to this address: _____ Number of copies to this address: _____

 Fees enclosed: \$5.00 per official transcript (regular handling) Total enclosed: \$ _____
 \$10.00 per official transcript (rush handling) Total enclosed: \$ _____

Make checks payable to "LTSP". Credit card may be charged (Visa or Mastercard) by using the Credit Card Charge Authorization Form found at <http://www.ltsp.edu/registration>.

OFFICE USE ONLY

Date request received: _____ Payment received: \$ _____
 Business Office clearance: _____ Date sent: _____