



REGISTRAR'S OFFICE Telephone: (260) 452-2154		TRANSCRIPT REQUEST Fax: (260) 452-2285		CONCORDIA THEOLOGICAL SEMINARY		6600 N. CLINTON ST. FORT WAYNE, IN 46825	
STUDENT ID NUMBER		TELEPHONE		DATE OF QUARTER YEAR LAST ENROLLMENT		PLEASE NOTE: BEFORE A TRANSCRIPT CAN BE ISSUED ACCOUNTS MUST BE SETTLED WITH THE BUSINESS OFFICE.	
STUDENT'S LAST NAME		FIRST MIDDLE					
ADDRESS-NUMBER & STREET:						DUE TO THE FAMILY RIGHTS AND PRIVACY ACT OF 1974 STUDENT SIGNATURE IS REQUIRED FOR RELEASE OF TRANSCRIPT.	
CITY		STATE ZIP CODE					
REASON TRANSCRIPT IS NEEDED:						TRANSCRIPTS WILL NOT BE ISSUED UNTIL THE TRANSCRIPT FEE HAS BEEN RECEIVED.	
DATE OF BIRTH:		FORMER NAME OR NAMES:					
E-MAIL		SIGNATURE		DATE			
SCHOOL ATTENDED: <input type="checkbox"/> CONCORDIA THEOLOGICAL SEMINARY <input type="checkbox"/> CONCORDIA SENIOR COLLEGE - FORT WAYNE <input type="checkbox"/> CONCORDIA SENIOR COLLEGE (NURSING)- FORT WAYNE <input type="checkbox"/> CONCORDIA JUNIOR COLLEGE - FORT WAYNE				TRANSCRIPTS TO BE PREPARED: <input type="checkbox"/> NOW <input type="checkbox"/> AFTER CURRENT QUARTER GRADES ARE RECORDED <input type="checkbox"/> AFTER DEGREE IS RECORDED <input type="checkbox"/> AFTER PAYMENT IS RECEIVED			
Transcript Fee <input type="checkbox"/> \$5 per copy Regular Order (processed within a week or less) <input type="checkbox"/> \$10 per copy 24-hour order (processed within 24-hours of receiving the request) <input type="checkbox"/> \$15 per copy 24-hour fax order (faxed within 24 hours of receiving the request, then sent regular mail)				<input type="checkbox"/> Official Transcript to Institution/Agency <input type="checkbox"/> Official Transcript – Sealed – back to student <input type="checkbox"/> Issued to Student – Unofficial – back to student			
SEND TRANSCRIPT TO:		PLEASE PRINT				AMOUNT PAID:\$	
						METHOD OF PAYMENT <input type="checkbox"/> CHECK ENCLOSED <input type="checkbox"/> VISA/MASTERCARD	
						NUMBER	

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