

REQUEST FOR GRADUATE TRANSCRIPT

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First name:	Date of Birth:
Last name:	Phone number:
Former name(s), if attended under another name:	Email:
Currently enrolled at SFTS:	Current mailing address:
Dates of attendance at SFTS (indicate years):	
From: To:	
Degree program(s):	Signed:
to: Office of the Registrar 105 Seminary Rd., San Anselmo, CA 94960 U.S.A. If you wish to pay by credit card, please contact the Registrar's office I'd like my transcripts sent to: Name:	
Institution / Agency:	
Address:	
Email address: Phone:	
Name:	
Institution / Agency:	
Address:	Dhama
Email address:	Phone:
Note: Some HOLDS, such as an outstanding financial responsibility or an unresolved library obligation, will prevent your transcript from being processed and released. You must contact the Registrar's office in order to resolve this matter.	
FOR OFFICE USE ONLY: Received (date & initial):	Completed & sent (date & initial):

Revised: KDM 10/6/17