



# TRANSCRIPT REQUEST FORM

Send Requests to:

Registrar's Office  
Hartford Seminary  
77 Sherman Street  
Hartford CT 06105

Fax: 860-509-9509 | Email: registrar@hartsem.edu

Please print your name, mailing address and phone number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name When Enrolled (*If different*):

\_\_\_\_\_

Send transcript to the following address: (*If possible, include a person's name in the address*)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR [ ] Issue to student in sealed envelope.**

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

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

[ ] Mail Now [ ] Hold for current semester grades

Requests should be made at least ten business days before the transcript is needed.

Transcripts are issued only if the requestor has no unpaid balances on the Seminary accounts.

The Seminary cannot release copies of official transcripts on file from other institutions.

**There is a \$10 fee per transcript.**

**Number of Copies** \_\_\_\_\_

In accord with the Family Education Rights and Privacy Act of 1974, I authorize release of the above records.

\_\_\_\_\_  
**Students Signature** (required to send transcript)

To pay via credit card (**MasterCard, VISA or Discover**) please fill out the following: (**we do not accept American Express**)

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_  
Credit Card Number                      Exp. Date                      CCV Code                      Name on Card

\_\_\_\_\_  
Signature    Date

**If you have any questions please contact the Registrar's Office at 860-509-9511 or registrar@hartsem.edu**

**Office Use Only**    [ ] Fee Received    Date Sent: \_\_\_\_\_    Initials: \_\_\_\_\_