



# Request for Academic Transcript

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**APPLICANT:** Please photocopy this form, complete it (including signature), and send it to each college, university, seminary, or learning institution you have attended since high school where you have completed at least 12 semester hours.

**TO:**

\_\_\_\_\_  
REGISTRAR

\_\_\_\_\_  
NAME OF INSTITUTION

\_\_\_\_\_  
ADDRESS OF INSTITUTION  
\_\_\_\_\_  
\_\_\_\_\_

Please send a copy of my academic transcript for the purpose of application for admission to:

Admissions Office  
Dallas Theological Seminary  
3909 Swiss Avenue  
Dallas, Texas 75204

*The Seminary asks you, as registrar, to **please sign across the sealed envelope flap.***

\_\_\_\_\_  
NAME BY WHICH I ATTENDED YOUR SCHOOL

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
YEARS OF ATTENDANCE

\_\_\_\_\_  
APPLICANT'S NAME (PRINTED)

\_\_\_\_\_  
DEGREE(S) EARNED

\_\_\_\_\_  
APPLICANT'S ADDRESS

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
DATE OF BIRTH

( \_\_\_\_\_ ) \_\_\_\_\_  
DAYTIME PHONE