

# Winebrenner Theological Seminary TRANSCRIPT REQUEST FORM

TO: Office of the Registrar  
Winebrenner Theological Seminary  
950 North Main Street  
Findlay, Ohio 45840  
(419) 434-4245

I do hereby request an official copy of my transcript be sent to:  
(please print)

---

---

---

---

*I am aware that there is a \$6.00 charge per transcript. My payment is included.*

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Maiden/Former Name(s) \_\_\_\_\_

Current Address \_\_\_\_\_

Home Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

-----  
**For Office Use Only:**

1.  Transcript request received
2.  Payment received; forwarded to Business Office
3.  Database information verified
4.  Transcript processed:  Official (copied, sealed, dated, signed)  
(check one)  Unofficial (copied only)

**OR**

We are unable to process this transcript request for the reason indicated below:

Unpaid student account (Business Office, Library, Bookstore)

Dishonorable dismissal from seminary

5.  Transcript mailed \_\_\_\_\_  
(date)

**OR**

Hold transcript for pick-up