

To the Registrar:

Please send an official copy of my transcript as of this date, and if applicable, a final transcript indicating my receipt of a Baccalaureate/Masters degree when all the requirements for that degree have been met to:

Attn: Registrar
Office of Admissions
United Theological Seminary of the Twin Cities
3000 Fifth Street NW
New Brighton, MN 55112-2598

Name of Student _____

Address of Student _____

City/State/Zip _____

Student's Social Security Number _____

Date of Graduation _____

Date of Transcript Request _____

Signature of Student _____