



**UNIFICATION THEOLOGICAL SEMINARY  
REQUEST FOR TRANSCRIPT**

**DATE OF REQUEST** \_\_\_\_\_ **DATE REQUIRED BY** \_\_\_\_\_

**STUDENT NAME** (name under which you attended UTS)

\_\_\_\_\_

**I REQUEST**       **OFFICIAL TRANSCRIPT** Number of Copies \_\_\_\_  
                      **STUDENT COPY OF MY TRANSCRIPT** (no signature or seal)

**TO BE SENT TO**

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

**REASON FOR REQUEST** \_\_\_\_\_

**STUDENT'S SIGNATURE** \_\_\_\_\_

**EMAIL, PHONE OR ADDRESS** (in case we need to reach you for clarification)  
\_\_\_\_\_

**Please note that we will not issue transcripts if you have outstanding financial obligations to UTS.**

**BILLING INFORMATION** (official transcripts only)

**\$10.00 FEE ENCLOSED BY**       **CASH**     **CHECK**     **MONEY ORDER**

**OR CREDIT CARD INFORMATION** (Visa or Mastercard only)

**Card number** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**CVV** (the three digit number on the back of the card) \_\_\_\_\_

**Name on Card** \_\_\_\_\_

**Billing Address of Card** \_\_\_\_\_  
\_\_\_\_\_

**Office use only:**      **DATE TRANSCRIPT SENT** \_\_\_\_\_