

Transcript Request Form

Please fill out this form in its entirety. Illegible or incomplete forms cannot be processed.
 Transcript requests must be received in writing either by mail, fax, or scanned attachment to an email.
 All requests must include the student's signature.

Send Requests To:
 Gordon-Conwell Theological Seminary
 Registration Office
 130 Essex Street
 South Hamilton, MA 01982
 Fax: 978-646-4566 (no cover necessary)
 regstr@gordonconwell.edu

Full Name (at time of attendance)	GCTS ID # (if remembered) or Social Security Number	Date	GCTS Box # (if applicable)
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Degree(s)	Dates of Attendance at or Graduation from GCTS	Date of Birth
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Current Permanent Address
 (the address on your driver's license or passport)

Street _____

 Street (continued) _____

City _____ State _____ Zip _____ Country _____

Daytime Phone _____ E-mail Address _____ Mobile Phone _____

***Processing Type**

Standard
 (takes 5-10 business days, free of charge for first 5)

RUSH
 (takes 1-2 business days, **\$5.00 per rush transcript**)

Faxed
 (takes 1-2 business days, **\$5.00 per faxed transcript**)

*There is no fee for Standard Processing (5 - 10 business days) for the first five transcripts in any given week. Every transcript that exceeds the five-week limit will cost \$5 per transcript. There is a \$5 per transcript charge for RUSH Processing (1 - 2 business days) and faxed transcripts. This **payment must be received before transcripts will be released**, except when the request is made by fax. When a request is sent by fax, a copy of a check or money order (no cash will be accepted) for the proper amount must accompany the request. The check or money order should be made out to Gordon-Conwell and subsequently be mailed to Gordon-Conwell by the following business day. **No credit cards will be accepted for transcript payment. No transcripts will be sent via e-mail.**

Hold for Missing Grades?

No, send the transcript as it appears now

Yes, wait until grades show for this term: _____

Yes, until grades show for this/these course(s): _____

Total Number of Copies Requested:
 (If more than two different addresses, please attach additional addresses on a separate sheet of paper.) _____

Specifics Regarding Request:

Transcript Recipient #1 Address

Number of Copies to this recipient: _____ Send to my GCTS Box

Recipient Name _____

Street or Fax Number _____

Street (continued) _____

City _____ State _____ Zip _____ Country _____

Transcript Recipient #2 Address

Number of Copies to this recipient: _____

Recipient Name _____

Street or Fax Number _____

Street (continued) _____

City _____ State _____ Zip _____ Country _____

Student Signature (REQUIRED)

FOR FINANCIAL SERVICES OFFICE USE ONLY:

Financial Services Signature (REQUIRED FOR RUSH REQUESTS, FAXED REQUESTS, AND STANDARD REQUESTS BEYOND 5 PER WEEK) _____

Transcript fee paid
 Clear to send