

McCormick Theological Seminary
5460 S. University Ave
Chicago, IL 60615

I hereby authorize McCormick Theological Seminary to send an official copy of my transcript to:

Today's Date: _____

Year and term completed at MTS: _____

Former Name(s) (if different from current name): _____

____ Number of transcripts you are requesting. **There is a \$5.00 fee per transcript.**

PAYMENT SUBMITTED: \$ _____ .00

(no charge for first request or if mailed to your CPM before graduation).

____ **DO NOT MAIL.** I would like to pick-up the transcript on: _____

____ Hold for grade (course/term/year) _____

____ Hold for degree (graduation date) _____

Signature

Please print your name and address below.

Family Education Rights and Privacy Act of 1974 Section 438(4) B: Personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the student.

Please mail this form with your payment to: McCormick Theological Seminary
Jim Courtney Registrar
5460 S. University Ave.
Chicago, IL 60615