



**Midwestern Baptist Theological Seminary and
Midwestern Baptist College, SBC**

TRANSCRIPT REQUEST FORM

Mail to: Registrar's Office, 5001 N. Oak Trafficway, Kansas City, MO 64118-4697

Or Fax to: (816) 414-3705

Regulations Governing the Issuance of Transcripts:

All financial obligations to Midwestern must be paid. Requests must be in writing, with the recipient(s) clearly indicated, and **signed by the student**. The cost is \$5 per transcript and \$3 to fax an unofficial copy to a designated phone number. Please include payment with the request. **Transcripts will not be processed until payment has been received and requests forms WILL NOT be held while waiting for payment.** While every attempt is made to process requests promptly, please allow up to one week for processing.

Birthdate _____ Dates of Attendance/Date Degree Received _____

| | | | |
|------------|-------------|-----------|---|
| First Name | Middle Name | Last Name | Social Security # AND Last 5 Digits of SID# |
|------------|-------------|-----------|---|

| | |
|------------------|---|
| Current Address | Telephone(s) (indicate if home, cell, or other) |
| City, State, Zip | E-mail Address: |

Number of Transcripts Requested: _____ Official or _____ Unofficial

Send now or Hold until after final grades have been posted.

Address(es) where Transcript(s) should be sent: PLEASE PRINT CLEARLY

| Name or Organization | Address OR FAX # | City, State | Zip Code |
|----------------------|------------------|-------------|----------|
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CREDIT CARD INFORMATION

Cardholder's Name **And** Card Number _____
 Credit Card Billing Address (if different) _____
 Expiration Date (MM/YYYY) _____ Security Code _____ Type of Credit Card: VISA MASTERCARD DISCOVER

Student Signature (required) I authorize MBTS to charge applicable fees to my credit card account

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Office use: Date received: _____ By: _____ Check/Receipt #: _____ Amount: _____