

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

Fax to: (816) 414-3705 or Email to: registrar@mbts.edu

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 \$10 per transcript and \$5 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

CREDIT CARD INFORMATION

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

Student Signature (required even if not paying by credit card) I authorize MBTS to charge applicable fees to my credit card account

Signature	Date

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