

United Lutheran Seminary

Transcript Request Form

Send to: "Registrar's Office – Transcript Request" or FAX 717-334-3469 or scan and email to the address below:

Julie Ritter, jritter@uls.edu

61 Seminary Ridge, Gettysburg, PA 17325

Phone: (717) 338-3007 Fax: (717) 334-3469

René Diemer, rdiemer@uls.edu

7301 Germantown Ave., Philadelphia, PA 19119

Phone: (215) 248-6305 Fax: (215) 248-7315

Note: The Family Educational Rights and Privacy Act of 1974 prohibits release of grades without the student's written consent. **The student's signature is required to authorize the release of transcript.**

Full Name: _____

Full Name at time of attendance (if different): _____

Birth Date _____ Year(s) attended _____ Degree(s) _____

Seminary attended: Lutheran Theological Seminary at Gettysburg _____

Lutheran Theological Seminary at Philadelphia _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Email: _____

of official transcripts requested: _____ # of unofficial transcripts requested: _____

(signed and sealed)

(unsigned; no fee)

Cost is \$10 per official transcript (fee waived for currently enrolled students). Payment may be made by mailing a check payable to ULS. You may fax or email the signed form, but the transcript will not be released until payment is received. If you would like to pay by credit card, please fill out the Credit Card Charge Authorization on page 2 of this form.

Address(es) to which transcript(s) should be sent:

Signature

Date

Office Use only Completed by _____ Date _____ Payment _____

To
UNITED LUTHERAN SEMINARY
7301 GERMANTOWN AVENUE, PHILADELPHIA, PA 19119

BUSINESS OFFICE
(717) 338-3002
FAX: (717)334-3469
EMAIL: klentz@uls.edu

CREDIT CARD CHARGE AUTHORIZATION

In the amount indicated, please charge the credit card listed below in order to credit my Seminary account in payment of fees:

PRINT CAREFULLY

YOUR NAME: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS: _____

CREDIT CARD TYPE: ☐ MASTERCARD ☐ VISA (No OTHERS)

CREDIT CARD ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

AMOUNT AUTHORIZED: \$ _____

PURPOSE _____

YOUR **SIGNATURE** (REQUIRED): _____

DATE: _____

YOUR TELEPHONE NUMBERS:

OFFICE: (_____) _____

HOME: (_____) _____

YOUR FAX NUMBER: (_____) _____

YOUR E-MAIL ADDRESS : _____