

The Office of the Registrar
Nazarene Theological Seminary
1700 East Meyer Blvd., Kansas City, Missouri 64131
Voice: (816) 268-5400 Fax (816) 268-5500
Email: Registrar@nts.edu

TRANSCRIPT REQUEST
(Please Print)

A. _____
Last First Middle/Maiden

Address

City State Zip

Phone

C. Currently Enrolled
_____yes _____no

If not enrolled indicate the semester
you last attended NTS

_____Fall Year_____
_____Interterm Year_____
_____Spring Year_____
_____Summer Year_____

Email address: _____ Last four digits of SSN: _____

B. Transcript to be sent to:

I would like ___ transcript(s) sent
____Now ____After grades
are recorded for ____ semester.

Additional Address:

Additional Address:

Pursuant to Federal Law 93-380, this personal information is transferred only on the condition that you will not permit any other party to have access to such information without the written consent of the student.

Student's Signature

Today's Date: _____

Office Use Only
Confirmation of Date Mailed

There is no charge for transcript requests. Please be sure to sign this form, otherwise we cannot process the transcript. The completed form may be faxed, mailed or emailed to us. Requests are processed weekly; deadline is Wednesday at 4:30 pm Central Time.