

# SUMMIT THEOLOGICAL SEMINARY

## Transcript Request Form

To the Principal/Registrar of: \_\_\_\_\_

**Please mail an Official Transcript showing the current grades, class rank, ACT or SAT scores of the signed applicant to the following address:**

**Summit Theological Seminary  
2766 Airport Road  
Peru, IN 46970**

If this is not a final transcript, please mail a completed transcript with class rank, GPA and date of graduation.

*~ Note to the Applicant ~*

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The application process cannot be completed until the transcripts of your educational background have been received. We need transcripts from your High School and all Colleges you have attended.

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain States require that permission be granted for the release of academic records by High Schools, Colleges and Universities. For that reason, it is necessary for you to request that your transcript be mailed to our office.

**Please complete, sign and submit to your Principal or Registrar.**

**Transcript must have the raised seal from your institute to be valid!**

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### The following is to be completed by the Applicant:

(Please print clearly)

Student Name: \_\_\_\_\_

Maiden Name (if needed): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Note - This form may be duplicated to request official transcripts from your High School and Colleges attended.**