

Chafer Theological Seminary

Registrar's Office • PO Box 93580 • Albuquerque, NM 87199-3580 • registrar@chafer.edu • 505.908.0688



TRANSCRIPT REQUEST FORM

Name _____ Social Security # _____

Name enrolled under, if different _____ Date of birth _____

Place of birth _____

Address _____

Phone number _____ Dates of attendance: From _____ To _____

Signature (required) _____ Date _____

Please mail transcripts to:

Institution _____

Address _____

Institution _____

Address _____

Institution _____

Address _____

Institution _____

Address _____

Note: The student is responsible for providing complete mailing addresses, including zip codes. Missing or incomplete information may result in delayed arrival of transcripts.

Fees: \$10.00 per transcript. **Your request will not be processed until the receipt of payment.**

Send the completed form and transcript fee to:

**Chafer Theological Seminary
Attn: Transcript Request
PO Box 93580
Albuquerque, NM 87199-3580**

or fax it to:

(505) 797-1021

For Office Use Only

Date Transcripts Sent: _____

Comments: _____