



Trinity Theological Seminary of South Florida

“Come to a Knowledge of Truth”
600 SW Third Street
Suite 3500/3003-3003B
Pompano Beach, FL 33060
772-569-2937 or 954-773-1606

Transcript Request

DATE OF
REQUEST: / /

Please print clearly. You must complete all information requested.

* Charge is \$10.00 per transcript. Exact payment must accompany Major _____ each request.

*For multiple requests, complete a transcript request form and attach a list containing the name and mailing address for each addressee.

*Fees are subject to change without notice.

*Transcript will not be released with an existing hold(s) on record.

*Student is responsible for correct mailing address printed below.

*Include dates of enrollment in space provide.

*Mail this form to: **Attention-Transcript Request**
6255 33rd Manor
Vero Beach, FL 32966

Please print name and address clearly.

Present name _____

Name used at Trinity Theological Seminary of South Florida _____

Address _____

City _____ State _____ Zip _____

SSN / Trinity Student ID Number _____

Number of Transcripts Requested _____

Telephone Number _____

Signature (**required**) _____

Mail Transcript to:

Name _____

Address _____

Please Check Degree and List Major.

____ Associate – Program Major _____

____ Bachelor - Program _____

____ Master’s - Program Major _____

____ Doctoral - Program Major _____

Dates of enrollment _____ to _____

Location of enrollment _____

Method of Payment.

Money Order or Cashier’s Check Only to:
Trinity Theological Seminary of South Florida

Casher’s Check/Money Order Number _____

Student Signature _____ Date _____

FOR OFFICE USE ONLY

Transcript Fee
Amount Due \$ _____ Please Remit \$ _____

Amount Rec. \$ _____ By: _____

Cred. Bal. /Ref. \$ _____

Date Requested Form Mail to Student _____

Date Completed Request Form Received _____

Hold Reason _____

Date Issued: _____ By _____

City

State

Zip