



PHOENIX SEMINARY
SCHOLARSHIP WITH A SHEPHERD'S HEART

7901 E Shea Blvd Scottsdale, AZ 85260
Phone: 602.850.8000 Fax: 602.850.8080
Email: registrar@ps.edu

Transcript Request Form

STUDENT INFORMATION: This section must be completed legibly for your Transcript Request to be processed. Payment of \$10.00 per official transcript is due before transcripts will be issued.

Name: _____ Degree Program: _____
 Address: _____ Last Four Digits of Credit/Debit Card: _____
 City: _____ State: _____ Zip: _____ Cell Phone: _____
 Email: _____ Student Signature: _____

TRANSCRIPT REQUEST #1: Please send _____ official transcript (s) to the following recipient:

Individual/School/Organization: _____ Hold for Semester Grades
 Attention: _____ Hold for Posted Degree
 Address: _____ Hold for Pickup at Reception Desk
 City: _____ State: _____ Zip Code: _____

TRANSCRIPT REQUEST #2: Please send _____ official transcript (s) to the following recipient:

Individual/School/Organization: _____ Hold for Semester Grades
 Attention: _____ Hold for Posted Degree
 Address: _____ Hold for Pickup at Reception Desk
 City: _____ State: _____ Zip Code: _____

TRANSCRIPT REQUEST #3: Please send _____ official transcript (s) to the following recipient:

Individual/School/Organization: _____ Hold for Semester Grades
 Attention: _____ Hold for Posted Degree
 Address: _____ Hold for Pickup at Reception Desk
 City: _____ State: _____ Zip Code: _____

PAYMENT INFORMATION (CASH NOT ACCEPTED):

Debit Card Credit Card Check# _____ Total Official Transcripts Requested: _____
 Name on Card: _____ Total Payment Due (\$10 per Transcript): _____
 Credit/Debit card number: _____ Expiration: _____ Security Code: _____

_____ _____
Student Signature (required for all requests) **Date**

This form, along with payment, may be emailed to registrar@ps.edu, or mailed to Phoenix Seminary, ATTN: Transcript Request, 7901 E Shea Blvd Scottsdale, AZ 85260. For questions contact the Office of the Registrar at 602.429.4946 / 888.443.1020.