



PHOENIX SEMINARY
SCHOLARSHIP WITH A SHEPHERD'S CARE

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 _____ ID# or SSN _____
 City _____ State _____ Zip _____ Home Phone _____
 Email _____ Cell Phone _____

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

Address 1 _____ Hold for Semester Grades
 Address 2 _____ Hold for Posted Degree
 Address 3 _____ Hold for Pickup at Reception Desk
 City _____ State _____ Zip _____

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

Address 1 _____ Hold for Semester Grades
 Address 2 _____ Hold for Posted Degree
 Address 3 _____ Hold for Pickup at Reception Desk
 City _____ State _____ Zip _____

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

Address 1 _____ Hold for Semester Grades
 Address 2 _____ Hold for Posted Degree
 Address 3 _____ Hold for Pickup at Reception Desk
 City _____ State _____ Zip _____

PAYMENT INFORMATION (CASH NOT ACCEPTED): Total Official Transcripts Requested: _____

Debit Card Credit Card Check# _____ Total Payment Due (\$10 per Transcript): _____

Name on Card _____

Credit card number _____ Expiration _____ Security Code _____

_____ _____

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

This form, along with payment, may be faxed to 480.850.8080, 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.