## LOGOS EVANGELICAL SEMINARY 9358 Telstar Ave. El Monte, CA91731

## TRANSCRIPT REQUEST

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STUDENT ID#			
NAME (English)			姓名:
Last	First	Middle	
CURRENT ADDRESS			
PHONE	SSN	DATE OF I	BIRTH
Are you currently enrolled as			
• •		•	ter: Year:
Other name(a) used while atta	nding Logos Evongolical S	minory	
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Transcript processing			
Document Requested: Office	-	-	(accessed and the second
		-	.M. D.Min. Diploma
Date of Graduation:			
If you have not completed the	_		•
(Also see policy section below			
Now, although sor	ne grades may be missing		
After final grades	for this current quarter ar	e entered (3-4 weeks a	after the end of the semester)
		vill not be posted on y	our permanent record for 8-10 wee
after the end of the	-		
<u> </u>		r/year of anticipated g	raduation
☐ Other: Handing: ☐Send to the addro		rsonal pickup (by stuc	lent only)
Student's Signature:	(	Required for processi	ng) Date
Transcript policy and cost			
Transcript will normally be	mailed within 5-10 workin	ng days of receipt of th	iis request.
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to the Seminary have not be			
		-	h un-official transcript. Payment
-	<b>.</b> .	• <i>i</i>	ranscript can be issued until payme e do not fax the request form or ser
cash through the mail. (2		•	-
_			USPS EXPRESS/PRIORITY MAIL
-	MAIL EXTRA POSTAGE FEE		
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You must address such req	uests directly to the institut	tions involved.	
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no other party will be perm	itted to have access to such	information without	the written permission of the studen
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1) Applicant is responsible for correct and legible addresses.

2) Complete a separate f	form each	transcript to	be sending to a
different address.			