

# United Lutheran Seminary

## Transcript Request Form

Send to: "Registrar's Office – Transcript Request" or FAX 717-334-3469 or scan and email to the address below:

Julie Ritter, [jritter@uls.edu](mailto:jritter@uls.edu)  
61 Seminary Ridge, Gettysburg, PA 17325  
Phone: (717) 338-3007 Fax: (717) 334-3469

René Diemer, [rdiemer@uls.edu](mailto:rdiemer@uls.edu)  
7301 Germantown Ave., Philadelphia, PA 19119  
Phone: (215) 248-6305 Fax: (215) 248-7315

Note: The Family Educational Rights and Privacy Act of 1974 prohibits release of grades without the student's written consent. **The student's signature is required to authorize the release of transcript.**

Full Name: \_\_\_\_\_

Full Name at time of attendance (if different): \_\_\_\_\_

Birth Date \_\_\_\_\_ Year(s) attended \_\_\_\_\_ Degree(s) \_\_\_\_\_

Seminary attended: Lutheran Theological Seminary at Gettysburg \_\_\_\_\_

Lutheran Theological Seminary at Philadelphia \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

# of official transcripts requested: \_\_\_\_\_ # of unofficial transcripts requested: \_\_\_\_\_

(signed and sealed)

(unsigned; no fee)

Cost is \$10 per official transcript (fee waived for currently enrolled students). Payment may be made by mailing a check payable to ULS. You may fax or email the signed form, but the transcript will not be released until payment is received. If you would like to pay by credit card, please fill out the Credit Card Charge Authorization on page 2 of this form.

Address(es) to which transcript(s) should be sent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date

Office Use only Completed by \_\_\_\_\_ Date \_\_\_\_\_ Payment \_\_\_\_\_

To  
**UNITED LUTHERAN SEMINARY**  
7301 GERMANTOWN AVENUE, PHILADELPHIA, PA 19119

**BUSINESS OFFICE**  
**(215) 248-7356**  
**FAX: (215) 248-4577**  
**EMAIL: [aouattara-seogo@ULS.edu](mailto:aouattara-seogo@ULS.edu)**

## CREDIT CARD CHARGE AUTHORIZATION

In the amount indicated, please charge the credit card listed below in order to credit my Seminary account in payment of fees:

### PRINT CAREFULLY

YOUR NAME: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CREDIT CARD TYPE:  MASTERCARD  VISA (No OTHERS)

CREDIT CARD ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

AMOUNT AUTHORIZED: \$ \_\_\_\_\_

PURPOSE \_\_\_\_\_

YOUR **SIGNATURE** (REQUIRED): \_\_\_\_\_

DATE: \_\_\_\_\_

YOUR TELEPHONE NUMBERS:

OFFICE: (\_\_\_\_\_) \_\_\_\_\_

HOME: (\_\_\_\_\_) \_\_\_\_\_

YOUR FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

YOUR E-MAIL ADDRESS : \_\_\_\_\_