

**McCormick Theological Seminary**  
**5416 South Cornell Ave, 5<sup>th</sup> Floor**  
**Chicago, IL 60615**

I hereby authorize McCormick Theological Seminary to send an official copy of my transcript to:

---

---

---

---

Today's Date: \_\_\_\_\_

Year and term completed at MTS: \_\_\_\_\_

Former Name(s) (if different from current name): \_\_\_\_\_

\_\_\_\_ Number of transcripts you are requesting. **There is a \$5.00 fee per transcript.**

PAYMENT SUBMITTED: \$\_\_\_\_\_.00

(no charge for first request or if mailed to your CPM before graduation).

\_\_\_\_ **DO NOT MAIL.** I would like to pick-up the transcript on: \_\_\_\_\_

\_\_\_\_ Hold for grade (course/term/year) \_\_\_\_\_

\_\_\_\_ Hold for degree (graduation date) \_\_\_\_\_

\_\_\_\_\_  
Signature

Please print your name and address below.

---

---

---

\_\_\_\_\_  
(email address)

\_\_\_\_\_  
(phone number)

**Family Education Rights and Privacy Act of 1974** Section 438(4) B: Personal information shall only be transferred to a third party on the condition that such party will not permit any other party to have access to such information without the written consent of the student.

Please mail this form with your payment to: McCormick Theological Seminary  
Erik Almaguer, Office of the Registrar  
5416 South Cornell Avenue, 5<sup>th</sup> Floor  
Chicago, IL 60615

8/24/2023