

Transcript Request Form

Presbyterian Historical Society, 425 Lombard Street, Philadelphia, PA 19147

Phone: 215-627-1852 • Fax: 215-627-0115 • www.history.pcusa.org

\$10.00 per Transcript Request

Transcript is sent by postal mail within 3-5 business days **of receipt of payment**. *Note that it may take up to two weeks to receive your transcript by mail.*

With each paid request we receive, we will send either one transcript to the institution indicated on the form, or three transcripts in sealed envelopes to the student requesting them.

Payment (please select one):

☐ My check/money order payable to Presbyterian Historical Society is enclosed

☐ My credit card information is: ☐ Visa ☐ Mastercard ☐ Discover

Name on Card: _____

Credit Card number: _____

Expiration date: _____ 3 Digit Security Code (on back): _____

Current Contact Information:

Name: _____

Street: _____

City State, Zip Code: _____

Phone Number: _____

Email Address: _____

Student Information:

Maiden Name or any other *name used while at school*:

Date of Birth: _____ / _____ / _____ (month/day/year)

Name and location of institution attended:

Dates attended: _____

Did you graduate? ☐ Yes ☐ No Year of graduation: _____

Student Signature: _____

Date: _____

Please send a copy of my transcript to (print clearly):

Institution/Individual Name: _____

Department/Office: _____

Street/PO Box: _____

City, State, Zip Code: _____

Please fully complete this form and mail or fax to the Presbyterian Historical Society.

Form Revised January 2016