Transcript Request Form
Presbyterian Historical Society, 425 Lombard Street, Philadelphia, PA 19147
Phone: 215-627-1852 • Fax: 215-928-3870 • Email: refdesk@history.pcusa.org • www.history.pcusa.org

There is no charge for transcript requests.

With each 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.

Transcript is sent by postal mail within 3-5 business days of receipt of completed and signed request form. Note that it may take up to two weeks to receive your transcript by mail.

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: _____

Institution Information:

Institution Name: ____________________________
Department/Office: ____________________________
Street/PO Box: ____________________________
City, State, Zip Code: ____________________________

Please select one:

☐ Send one copy of my transcript to the institution listed below

☐ Send three copies of my transcript to me at my current address

Student Signature: ____________________________
Date: ____________________________

Please fully complete this form and return it via postal mail, fax, or email to the Presbyterian Historical Society.

Form revised February 2021