

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: _____

Please select one or both options:

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: _____

Institution Information:

Institution Name: _____

Department/Office: _____

Street/PO Box: _____

City, State, Zip Code: _____

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

Form revised July 2021