

TRANSCRIPT REQUEST FORM



Assemblies of God Theological Seminary

Applicant: Please provide the information requested below. Send this form with appropriate fee to your college or university's registrar early enough so that it will be returned directly to AGTS in a timely fashion. If you have attended more than two colleges or universities, simply photocopy this form to send to the additional institutions.

Social Security #: _____

Applicants Full Name: _____

Maiden name (if different when transcript was printed): _____

Dates Enrolled: _____ Degree and Year: _____

Field of Study: _____ College/University: _____

I hereby authorize the release of my academic record and related material to the Assemblies of God Theological Seminary.

Signature: _____ Date: _____

Registrar: Please send an official transcript with seal and signature of my academic record to the Enrollment Management Office: Assemblies of God Theological Seminary 1435 N. Glenstone Avenue, Springfield, MO 65802
Phone 417-268-1000 Fax 417-268-1001