

PHILLIPS THEOLOGICAL SEMINARY
Official Transcript Request Form

Mailing Address:
901 North Mingo Road
Tulsa, Oklahoma 74116

Fax: (918) 270-6411
Phone: (918) 270-6412

Name _____ Date of Birth _____ ID# _____

Address _____ City/State _____ Zip _____

Phone # _____ Email _____

Other name(s) you have had _____

___ Release transcript immediately _____ Dates Attended _____

___ Release Transcript When

___ Current Semester Grades Are Recorded

___ Degree Statement Is On Transcript

___ Grade Error Has Been Corrected

Course _____ Professor _____

___ Grade Has Been Given For An Incomplete

Course _____ Professor _____

Number of Transcripts Needed _____

X \$5.00 each

Total Cost \$ _____ Check enclosed _____

Name on Charge Card _____

Charge to Visa Card _____ expiration date _____

Master Card _____ expiration date _____

Discover Card _____ expiration date _____

Send to: _____

Signature of Student (Required) _____ Date: _____

If you have an unpaid balance, transcripts will not be issued.
Please do not E-mail your request. Federal law requires your written SIGNATURE.