



TRANSCRIPT REQUEST

To: _____
Name of the college / university / seminary from which you are requesting a transcript

Please send an official copy of my transcript to: *Logsdon Seminary Admissions*
HSU Box 16235
Abilene, TX 79698-6235

The name on my transcript is (first, middle, last) _____
(print or type)

Social Security Number _____

Current Address _____

City / State / Zip _____

Other last names which may be on my transcript, such as maiden names or previous married names are:

Dates I attended are: From: _____ / _____ to: _____ / _____
(semester) (year) (semester) (year)

Signed: _____

Important Note to Students Requesting Transcripts:

For copies of transcripts to be official they must be sent directly from your school / university / seminary to Logsdon Seminary. Transcripts received in any other way are not going to be viewed as official.

DO NOT SEND THIS FORM BACK TO LOGSDON SEMINARY. SEND IT TO THE SCHOOL OR UNIVERSITY FROM WHICH YOU ARE REQUESTING OFFICIAL COPIES OF YOUR TRANSCRIPTS.