

# Carolina University of Theology

Transcript Request Form (Type information directly into form)

PLEASE PROVIDE ALL REQUESTED INFORMATION. Transcripts will not be issued to any student with a delinquent or past due tuition account. **The cost per copy of transcript is \$7.50; in person at the Admissions office fee is \$10.00; for immediate same day mailing or fax fee is \$20.00; for same day processing and overnight mailing fee is \$42.95 (\$20.00 plus \$22.95 overnight shipping).** Each request will be processed upon receipt\*\* and will take 7-10 **business** days to process. \*\*Bar any special research requirements concerning student academic standing with University.

By Mail Request: Complete this form and mail to Carolina University of Theology, 14654 Joplin Road, Manassas, VA 20112, along with a money order, made payable to Carolina University of Theology.

By Fax or Email Request: Complete this form along with a Credit Card Charge Form and fax to (703) 791-8263, or email to registrar@cutofnova.org; Attn: **Office of The Registrar. If paying for transcript through University online store, please email or fax this form and e-mail receipt of online payment.**

Student's Full Name \_\_\_\_\_ Former Name \_\_\_\_\_  
(Last, First Middle Initial)

Address \_\_\_\_\_  
(Provide a complete mailing address)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Number of transcripts requested \_\_\_\_\_

Email address \_\_\_\_\_

**\* Please complete the following information completely. Failure to complete form in full will delay the processing of your request.**

DATES OF ENROLLMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_

PROGRAM OF STUDY (requesting transcript for) \_\_\_\_\_

- Send transcript to the above address.  
 Send transcript to the following named person whose title and address are:

\_\_\_\_\_  
\_\_\_\_\_

- Send transcript now.  Send transcript at the end of the present term, after Grade(s) is/are posted.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Mandatory for release of transcript.)

### For Office Use Only:

Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Delivery Type:  Standard  In Person  Rush (Same Day or Fax)

CUT Representative: \_\_\_\_\_