

The MASTER'S UNIVERSITY & SEMINARY TRANSCRIPT REQUEST FORM

Office of the Registrar The Master's University 21726 Placerita Canyon Road Santa Clarita, CA 91321 Phone: 661-362-2813

http://www.masters.edu/registrar

Transcript request forms can be submitted in any of the following ways

Fax: 661-362-2722 (secure, please include payment info on form)

Email: registrar@masters.edu (payment info may be called in)

Mail: The Master's University, Office of the Registrar, 21726 Placerita Canyon Rd, Santa Clarita, CA 91321.

STUD	ENT INFORMATION						
*Pleas	e check: TMU staff/fa	aculty 🗆 S	cholarship for TMU/1	TMS atten	dance		
	/				At	ttended: □TMU □TMI □TMS □LABC	
TMU ID # Date of				Request		(Check all that apply)	
L	Last First			M.I.		Maiden Name	
Student Signature (required by Public Law)	Birthdate	
Current Permanent Address (not cam					<i>pus</i>) Phone		
City			State	State Zip		Email	
illing	Address (if differen	nt):					
TRANSCRIPT RECIPIENT INFORMATION					CREDIT CARD (If request form is emailed, please call in for credit card info)		
					Credit Card #		
Recipient Name					Expiration Date		
					Name on Card		
					CVV2 code		
•	nt Mailing or E-mail Ad		days for processing.	Processing	g time may be delaye	d at the beginning and end of a semester.	
Qty	Delivery Method	Fees	Rush Processing (2 Business Days)	Mailing Fees (in addition to transcript fee)			
	Email	\$12	□ \$10	☐ USPS First Class Mail: \$0			
		\$4*		☐ USPS Domestic Express Mail: \$24/address (1-2 Business Days)			
	First Class Mail	\$15		☐ USPS International: \$5/address			
		\$0*		☐ USPS International Express Mail: Shipping costs vary by country.			
	Campus Pick-Up	\$15		Please	call (661)362-2813	for rates.	
						very or campus pick-up. Email delivery is \$\frac{5}{masters.edu/transcripts}.	
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Paid: ☐ Cash ☐ Check ☐ Credit Card						ed: By:	
Denied	d:				Sent on:	By:	