

METHODIST THEOLOGICAL SCHOOL
IN OHIO

TRANSCRIPT REQUEST FORM

Please allow five working days for processing your transcript request.

Date _____ Name _____
Please Print

Other names under which student was enrolled _____

Phone _____ E-mail _____

Street Address _____

City, State, Zip _____

Year(s) of attendance at MTSO (i.e. 1998-
2000) _____

Degree or Certificate received _____

Last four digits of Social Security Number (optional but helpful): _____

Please send my transcript to (complete address please) _____ Number of copies needed _____

Purpose of Transcript: _____ Date needed by _____

Please allow five working days for processing your request

Check here if you want this held until most current grades or final degree can be posted.

Signature _____

REQUIRED

**Return by MAIL to Registrar, MTSO, 3081 Columbus Pike, Delaware OH 43015
OR by FAX to (740) 362-3129 or in person.**

There is no charge for official transcripts. Donations are welcome and will be directed to the Campus Needs Fund, a source of emergency funding for students and members of the MTSO community.