



Midwest Center for Theological Studies
Office of Registrar
3585 Thruston Dermont Road
Owensboro, KY 42303
270-314-2952

TRANSCRIPT REQUEST FORM

Full Name:

Date: (mm/dd/yyyy)

E-mail:

ID Number:

Phone Number:

Mailing Address:

School Name and Address to send your transcript to:

By signing below you are giving MCTS permission to release your student
transcript to the above named institution:

This form must be filled out completely and turned into the registrar.

This form must accompany a check for \$10. All transcript requests will be filled within one week of receipt and sent out via first class mail. For urgent requests please contact the registrar at registrar@mctsowensboro.org or 270-314-2952.