



NEW LIFE THEOLOGICAL SEMINARY

OFFICIAL TRANSCRIPT REQUEST FORM

Website Fillable PDF - Complete, save, and email with photo ID.

Transcript requests will be reviewed and processed by:

Tisha Ray, NLTS Administrator | tr.nltshm.nc@gmail.com

Email Subject: Transcript Request - [Student Name]

1. STUDENT INFORMATION

Full Name (Last, First, Middle):

Date of Birth:

Last 4 Digits of SSN:

Phone Number:

Email Address:

2. PROGRAM COMPLETED (CHECK ONE)

Associate Degree

Bachelor's Degree

Master's Degree

Doctoral Degree

Certificate Program

Graduation Date (if applicable):

3. TRANSCRIPT REQUEST TYPE

Official Transcript

Unofficial Transcript

Official Transcript with Test Scores

Transcript Only (No Test Scores)

4. DELIVERY METHOD

Secure Electronic PDF (Email)

Mail Official Copy

5. RECIPIENT INFORMATION

Recipient Name / Office:

Institution / Organization:



NEW LIFE THEOLOGICAL SEMINARY

OFFICIAL TRANSCRIPT REQUEST FORM - WEBSITE SUBMISSION

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5. RECIPIENT INFORMATION CONTINUED

Recipient Email:

Mailing Address:

City:

State:

Zip Code:

6. SPECIAL INSTRUCTIONS

Provide any additional instructions or notes.

7. IDENTITY VERIFICATION REQUIRED

Attach a government-issued photo ID when submitting electronically.

Accepted (check one):

Driver's License

State ID

Passport

Military ID

Other Government-Issued Photo ID:

TRANSCRIPT SUBMISSION OPTIONS

Students may submit this completed Transcript Request Form using the following method:

OPTION 1: EMAIL SUBMISSION (PREFERRED)

Email the completed form and a copy of your government-issued photo identification to:

Tisha Ray, NLTS Administrator

tr.nltshm.nc@gmail.com

Please include "Transcript Request - [Student Name]" in the subject line.



NEW LIFE THEOLOGICAL SEMINARY

OFFICIAL TRANSCRIPT REQUEST FORM - AUTHORIZATION

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8. AUTHORIZATION & ELECTRONIC SIGNATURE

I authorize New Life Theological Seminary to release my academic records and transcript information to the individual or institution listed on this request.

I certify that the information provided is accurate and that I am the individual named on this request.

I understand that a valid government-issued photo ID must accompany this request.

I understand that incomplete requests or missing ID verification may delay processing.

I understand that official transcripts may not be released until all financial obligations to the Seminary have been satisfied.

Electronic Signature (Type Full Name):

Date:

FOR ADMINISTRATIVE USE ONLY

Request Received Date:

Verified By:

Date Processed:

Delivery Method Sent:

Status:

Pending

Approved

Completed

Denied

Notes: