

PHILLIPS UNIVERSITY RECORDS
Official Transcript Request Form

Mailing Address:

Phillips Theological Seminary
Phillips University Records
901 North Mingo Road
Tulsa, Oklahoma 74116

Phone: (918) 610-8303
Fax: (918) 610-8404
Email: registrar@ptstulsa.edu

Name _____

Date of Birth _____ ID# _____

Address _____ City/State _____ Zip _____

Phone # _____ Email _____

Other name(s) you have had _____

Years of Attendance (approximate) _____

Number of Transcripts Needed _____
X \$5.00 each

Total Cost \$ _____ Check enclosed _____

Name on Credit Card: _____

Credit Card Number: _____ expiration date _____ Code: _____
Visa, MasterCard, Discover (only)

Billing Address for credit card: _____

Send to: _____

Signature of Student (Required) _____ Date: _____