

Transcript Request Form



Official copies will be sent directly by JTS to an official address (i.e. university, business firm, agency, etc.).

Alumni may request unofficial copies.

Currently enrolled students can find unofficial copies online at [MyJTS](#).

STUDENT OR ALUMNI INFORMATION

Last name: _____ First name: _____ M.I.: _____

Name(s) previously used: _____

JTS ID number or Social security number: _____

Telephone: () _____ Email address: _____

School(s): LC RS GS DS CS Other: _____

Check one: Graduated Withdrew Current Non-matriculated

Dates of attendance: From (mm-yy): _____ To (mm-yy): _____

RECIPIENT INFORMATION Transcript to be sent to (give complete name and address of institution):

1	Name: _____	Number of copies requested:
	Address: _____	<input type="text"/>
	City: _____ State/Prov.: _____ ZIP/Postal code: _____	
	Country: _____	

2	Name: _____	Number of copies requested:
	Address: _____	<input type="text"/>
	City: _____ State/Prov.: _____ ZIP/Postal code: _____	
	Country: _____	

3	Name: _____	Number of copies requested:
	Address: _____	<input type="text"/>
	City: _____ State/Prov.: _____ ZIP/Postal code: _____	
	Country: _____	

Signature (handwritten signature required): _____ Date: _____

Download, complete, and submit this form to:
The Jewish Theological Seminary
Registrar's Office
3080 Broadway
New York, NY 10027
Fax: (917) 493-4112
(Emailed forms will not be accepted.)

TRANSCRIPT FEES:
OFFICIAL COPIES: \$5.00 per transcript*
Transcripts sent to a JTS department are free.
Unofficial transcripts are free.
*All payments are made online through our easy-to-use **CASHnet website**.

Total number of transcripts requested: _____
Total payment (to be made online): \$ _____