

Transcript Request Form
Presbyterian Historical Society, 425 Lombard Street, Philadelphia, PA 19147
215-627-1852 www.history.pcusa.org

\$5.00 3 transcripts sent to same address
Minimum charge

Additional Services:

\$10.00 Rush Service:

Transcript is sent within 24 hours of receipt,
Monday to Thursday, via regular mail.
Requests received Friday will be sent out the following Monday.

\$17.50 Express Mail:

Transcript is sent via United States Postal Service Express Service
(1-2 day delivery).

\$ _____ Total payment for Transcript Request
(\$5.00 plus any additional charges for Rush Fee or Express Mail)

Enclose Check or Money Order, made payable to:
Presbyterian Historical Society
NO Credit Card or electronic payments accepted.

Current Contact Information:

Name: _____

Street or PO Box: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Name used at school:

Date of Birth: _____/_____/_____ (month/day/year)

Name and location of institution:

Dates attended: _____

Did you graduate?

Yes No

If so, year of graduation: _____

Do you need your transcripts in separately sealed envelopes?

Yes No

Signature: _____

Date: _____

Please send a copy of my transcript(s) to:

Name of institution or individual

Street address or P.O. Box

City/State/Zip