

# Cornerstone University / Calvary Theological Seminary

## Transcript Request and or Duplicate Diploma Request

**PLEASE PRINT YOUR INFORMATION**

STUDENT INFORMATION					
LAST NAME:	FIRST NAME:	MI:			
SOCIAL SECURITY #:	DATE OF BIRTH:	MAIDEN NAME (IF APPLICABLE)			
PRESENT ADDRESS:		<b>TO THE STUDENT</b>			
CITY:	STATE:	<b><u>ALL</u> transcript or duplicate diploma requests must be <u>submitted in writing on this form.</u> Diplomas' are only issued as replacements for lost or damaged originals.</b>			
HOME PHONE:	CELL NO:				
STUDENT SIGNATURE:	DATE:				
STUDENT email:					
STUDENT email:					
CU OR CT CAMPUS ATTENDED					
CAMPUS NAME:	CAMPUS LOCATION:	DATES ATTENDED:			
DEGREE LEVEL ACHIEVED:	TRANSCRIPT REQUESTED FOR: (Degree level & Major)				
DESTINATION					
COMPANY NAME OR COLLEGE			TO WHO'S ATTENTION:		
ADDRESS:		CITY:	STATE:	ZIP:	
FEES <span style="float: right;">(ALL FEES MUST BE PAID AT THE TIME OF THE REQUEST)</span>				QUANTITY	
<input type="checkbox"/> \$25.00 PER TRANSCRIPT					
<input type="checkbox"/> \$50.00 PER DIPLOMA					
FOR OFFICE USE ONLY					
Payment Methods:					
<input type="checkbox"/> Check (There will be a \$25.00 fee for returned checks)					
<input type="checkbox"/> Money Order					
<input type="checkbox"/> Credit Card: Visa, MC, Discover & AMEX; by phone or online under "Student Resources"					
_____	Date TR received	_____	Date Pymt Received	_____	
				Due	
DELIVERY INFORMATION					
Please allow three weeks from date the transcript request and payment are received by our office for transcript(s) to be mailed.					
Please mail all correspondence to :					
Cornerstone University / Calvary Theological Seminary 602 West Prien Lake Rd., #148 Lake Charles, LA 70601 (337) 497-1871, phone - (337) 497-1876, fax <i>email:</i> info@cornerstoneuniv.org, website: www.cornerstoneuniv.org					