

All Faiths Seminary International

Request for an official All Faiths Seminary International Transcript

The fee is \$25 mail check to: AFSI Registrar - Fran Cosentino, PO Box 1000, Washingtonville, NY 10916

Name _____

Address _____

City _____

State _____

Zip _____

___Ministers Year of graduation:___

___Masters Year of graduation:___

___Doctoral Year of graduation:___

Where would you like us to send the official transcript?

To: _____

Address: _____

City : _____

State: _____

Zip _____