



Transcript Request Form

OFFICE OF THE REGISTRAR

Name: _____
First Middle Last Maiden (If applicable)

Phone _____ Email: _____ Date of Birth: _____

Years Attended Bethany: _____ to _____ Year Graduated (If applicable): _____

Current Class Level: ____ FR ____ SO ____ JR ____ SR ____ MAT

I would like my Official transcripts sent (circle one):

ASAP After Fall Semester After Spring Semester After Summer Session

*CURRENT STUDENTS: By selecting "ASAP," your transcripts will not include classes you are currently enrolled in until after the courses have ended.

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Send Transcripts to:

***Full mailing address must be included or your request will not be processed.**

Reason for request:
___ Graduate School
___ Job Opportunity
___ Scholarship
___ Transfer to another college
___ Dual High School/College Credit
___ Other (Please specify _____)

A \$10 fee per transcript is required at the time of request. If you need transcripts overnighted via FedEx, there is an additional fee of approximately \$30. By requesting your transcripts to be delivered via FedEx, you assume payment responsibility for all shipping charges incurred. Please allow 48 hours to process requests.

_____ Initial here if you'd like to have your transcripts shipped via FedEx.

****All requests that are unable to be processed due to missing information or an account hold will be destroyed after 30 days.**

Student Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO THE REGISTRAR'S OFFICE

Payment Information

Credit Card Number: _____ Exp: _____ Zip Code of Cardholder: _____

Signature of Card Holder: _____