Transcript Request Form
OFFICE OF THE REGISTRAR

Name:_________________________________________________________________________________________

First       Middle       Last       Maiden (If applicable)

Phone_________________ Email: __________________________

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 course has ended.

Send Transcripts to: __________________________________________________________  Reason for request:

__Graduate School

__Job Opportunity

__Scholarship

__Transfer to another college

__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 $30. Please allow 48 hours to process requests.

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

Student Signature: ___________________________ Date: __________________________

PLEASE RETURN THIS FORM TO THE REGISTRAR’S OFFICE
Email: registrar@bethanywv.edu
Fax: 304.829.7796
Mail: Registrar Box 57, 31 E. Campus Dr. Bethany, WV 26032

Optional Payment Information
Credit Card Number: ___________________________________________ Exp: ____________ Verification Code: _______

Signature of Card Holder: _____________________________________________________________________________