



# 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.

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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: Office of the Registrar Bethany College PO BOX 458 Bethany, WV 26032**

### Optional Payment Information

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Verification Code: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_