

BETHEL COLLEGE

TRANSCRIPT REQUEST FORM

Please print this form, complete all items, and mail or fax your completed form to the address below. If you have any questions or need help on this form, contact the registrar's office at registrar@bethelks.edu

Name: _____

Name at time of attendance (if different): _____

SS #: _____ Student ID # (if known): _____

Address: _____

City, State, Zip: _____

Telephone #: _____ - _____ - _____ E-mail Address: _____

Birth date: _____

Are you currently enrolled? yes (____) no (____)

If not, indicate approximate dates of attendance: _____

For what purpose will this transcript be used? _____

Please mail (____) transcript(s) to the address below:

Name: _____

Address: _____

City, State, Zip: _____

Or, if faxing transcripts, fax #: (____)____-____ Fax attention to: _____

Send now: (____) hold for grades/degree: (____)

Your very first transcript request is free. Thereafter, the fee is \$5.00 per transcript requested. Faxed requests must have all credit card information requested below, or your request cannot be processed.

Payment by: Cash (____) Check (____) MasterCard/VISA/Discover (____)

Credit Card # _____ Expiration Date ____ / ____

V-Code # (three digit number on back of credit card located in signature line) _____

Name of person whose name appears on the credit card _____

Mailing address of person whose name appears on credit card (if address is the same as yours, write "same")

Student's Signature: _____

Complete all items and mail or fax the form to the address below. Be sure to sign your request - we cannot release your transcript without your written signature.

Registrar's Office
Bethel College
300 E 27th St.
North Newton, KS 67117-0531

Telephone: 316.284.5285
Fax: 316.284.5845