

TRANSCRIPT REQUEST FORM

OFFICE OF THE REGISTRAR~BETHEL UNIVERSITY
3900 Bethel Drive, St. Paul, MN 55112
Phone 651.638.6250 Fax 651.635.1983

Official Transcripts are \$2.00 each (Cash or Check Only), Unofficial Requests are free
Rush Fee is an additional \$15 plus the \$2 per transcript fee (mailed out the end of next business day)

**All financial obligations to Bethel University must be met before a transcript can be released.*

**Your signature is required by federal law.*

**Photo ID is required for pickup only*

**Please allow 5 business days to process your request.*

**Official Transcripts cannot be faxed*

Please Print

Official Transcript Request Unofficial Transcript Request Today's Date _____

Legal Name: First Middle Last Previous

Street Address _____

City, State, Zip _____

Email _____

Phone* (home landline) _____ (c) _____ * Check primary phone

Last 4 digits of SSN or **Bethel ID** (preferred) _____

Is the above name a New Name? No Yes, please update**.

**** If yes, provide required legal documentation (i.e. copy of your driver's license) with this request.**

Is the above address a New Address? No Yes, please update.

Please check all transcripts that you are requesting:

Undergraduate	Masters	Doctoral
<input type="checkbox"/> College of Arts & Sciences	<input type="checkbox"/> Graduate School	<input type="checkbox"/> EDD
<input type="checkbox"/> College of Adult & Professional Studies	<input type="checkbox"/> Seminary St. Paul	<input type="checkbox"/> DMin
	<input type="checkbox"/> Seminary San Diego	
	<input type="checkbox"/> Seminary of the East	

Please Send Transcript to: _____

Dates of Attendance _____ Send Now Yes No

Number of Transcripts Requested _____ Hold for final grades Yes No

Amount Enclosed _____ Hold for Degree Yes No

SIGNATURE _____

OFFICE USE ONLY

Amount Paid _____ Hold _____ Hold Cleared _____

Date Sent _____ Checked ID _____ Non-Computer Transcript _____