TRANSCRIPT REQUEST FORM

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OFFICE of the REGISTRAR – Bethel University
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Bethel ID# (preferred) or last four digits of SSN: _____

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Street Address: _____ cell: _____ ☐

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Check here for us to update our records with the above information? ☐

**Legal document (i.e. copy of driver's license with new name on it) is required for name change.

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Last year of attendance at Bethel: _____

Undergraduate	Masters		Doctoral
___College of Arts & Sciences	___Graduate School	___Seminary San Diego	___EDD
___College of Adult & Professional Studies	___Seminary Saint Paul	___Seminary of the East	___DMin

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