

TRANSCRIPT REQUEST FORM

Please remember that all financial obligations to Bethel University must be met before a transcript can be released.

OFFICE of the REGISTRAR - Bethel University
3900 Bethel Drive, Saint Paul, MN 55112
Phone: 651-635-8734 Fax: 651-635-1983

**Legal Name: _____
(First) (Middle) (Last) (Previous)

Bethel ID# (preferred) or last four digits of SSN: _____ *Phone(s): home (land): _____

Street Address: _____ cell: _____

City, State, Zip: _____ * Please Check Primary Number

E-mail Address: _____ New Phone? Check to update

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.

Transcripts Being Requested - Please check all that apply:

Last year of attendance at Bethel: _____

- | | | |
|---|--------------------------|-----------------|
| <u>Undergraduate</u> | <u>Masters</u> | <u>Doctoral</u> |
| ___ College of Arts & Sciences | ___ Graduate School | ___ EDD |
| ___ College of Adult & Professional Studies | ___ Seminary Saint Paul | ___ DMin |
| | ___ Seminary San Diego | |
| | ___ Seminary of the East | |

Transcript Type Ordering:

Electronic Official via Parchment \$10 each Number requested _____

Paper Official via Parchment \$15+Postage each Number requested _____

Paper Official via Registrar's Office \$25 each Number requested _____

Unofficial copies available only for students with active
BCA via Banner self-service.
Submit signed copy to registrar-data@bethel.edu

Please note: we do not fax or email unofficial transcripts.

Send Transcript to: *(name of recipient & e-mail required for electronic orders)*

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