

# TRANSCRIPT REQUEST FORM

OFFICE of the REGISTRAR - Bethel University

3900 Bethel Drive, Saint Paul, MN 55112

Phone: 651-635-8525 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:

NOTE - For faster service order transcripts online  
through Parchment at: [bethel.edu/registrar/](http://bethel.edu/registrar/)  
Electronic \$10 or Paper Official \$15 + Postage each

Electronic Official \$25 each Number requested \_\_\_\_\_

Paper Official \$25 each Number requested \_\_\_\_\_

Unofficial copies only available to students with current BCA via Banner self-service.

**Please note: we do not fax transcripts.**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

### Special Instructions

Send Now: Yes / No

Hold for Final Grades: Yes / No

Hold for Degree: Yes / No

### **~ Office Use Only ~**

Amount Paid: \_\_\_\_\_

Hold on: \_\_\_\_\_

Cleared: \_\_\_\_\_

Date Sent: \_\_\_\_\_

(Updated 8/16/24)

**SIGNATURE**

*(Required by law)*