

## OFFICE OF THE REGISTRAR

### TRANSCRIPT REQUEST

To Registrar:

I am requesting that you send an official transcript of my academic record to the following.

Institution:

Name of Institution \_\_\_\_\_

Address of Institution \_\_\_\_\_

City, State, Zip Code of Institution \_\_\_\_\_

Personal Information (please print)

Name of person making the request \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email address \_\_\_\_\_

Dates attended New Bethel Christian University \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Check the Campus Location Attended: Online \_\_\_\_\_ Other Location \_\_\_\_\_

Date of Transcript Request \_\_\_\_\_

Contact Number \_\_\_\_\_

Student Signature \_\_\_\_\_

#### OFFICIAL COLLEGE USE

\_\_\_\_ Official Transcript Request      Number of copies: \_\_\_\_\_

\_\_\_\_ Official Transcript      Number of copies: \_\_\_\_\_

Request Payment received: Cash in Person \_\_\_\_\_ Prepaid Online \_\_\_\_\_

Date completed by Registrar \_\_\_\_\_