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 _____