

TRANSCRIPT REQUEST FORM

Please remember that transcripts may be withheld for students owing more than \$250 to Bethel University.

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:

NOTE - For faster service order transcripts online at: bethel.edu/registrar/
Electronic \$10 or Paper Official \$15 each

With this form or to request Notarized copies:

Electronic Official \$25 each Number requested _____
Paper Official \$25 each Number requested _____

Please note: we do not fax unofficial 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 8-2-18)

SIGNATURE

(Required by law)