

Bethany University Transcript Request
P.O. Box 292956, Sacramento, CA 95829
916.503.2916 <phone>, 916.503.2917 <fax>
Email: transcripts@fc.bethany.edu

Name (including Prior/Maiden Names): _____

Date of Birth: _____ Social Security Number: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Email: _____ (for confirmation request has been processed)

Last Attended: Semester: _____ Approximate Year: _____

Signature: _____

Select One: Rush _____ Normal _____ Unofficial/Emailed _____

Send To:

Name/Institution: _____

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Rush processing is \$25 for the first copy and \$20 for any subsequent copy. (1-2 business day processing)

Normal processing is \$20 per copy. (2-3 business day processing)

Unofficial/emailed copies are \$10. (2-3 business day processing)

FedEx Priority Overnight delivery is available for an additional \$25.

Select One:

Check/Money Order made out to Bethany: \$ _____ (7 day hold on transcript release for verification)

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Signature: _____

A delay in the release of your transcript will occur if you:

- Omit any necessary information above
- Have an unresolved financial obligation to Bethany

If your transcript cannot be released, you will be notified by telephone or email.

For Office Use:

Date Request Received: _____ Paid: _____ Processed: _____