

Transcript Request



800 Bethany Drive, Scotts Valley, CA 95066
(831) 438-3800, ext. 3902; Fax (831) 439-9983

Name (including Prior/Maiden Names): _____

Date: _____ ID/Social Security Number: _____ E-mail: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Currently Attending: Yes No....If No Last Attended: Semester _____ Year: _____

Signature: _____

Select One: Rush (1-2 business day processing) Normal (5-7 business day processing) Unofficial

Number of copies to be sent to this address _____ FedEx Rush Copy

Pick Up at Registrar's Office, 2nd Floor Stowell. (You will be contacted when ready.)

Send To

Institution: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Select One: Rush (1-2 business day processing) Normal (5-7 business day processing) Unofficial

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Address: _____

City: _____ State: _____ Zip Code: _____

Rush processing is \$10 for the first copy and \$5 for any subsequent copy. Normal processing is \$5 per copy. Unofficial copies are free. Rush processing is mailed by standard postal services. FedEx services are available for an additional \$25 per mailing addresses for rush copies.

Select One: Cash (in person only): \$ _____ Check \$ _____ Visa/MasterCard \$ _____

Card Number: _____ Expiration Date: _____

Signature: _____

Please note that only Visa or MasterCard are accepted for credit payment. Also, a delay in the release of your transcripts will occur if you:

- Omitted any necessary information above,
- Are a former student with remaining financial obligations to Bethany or are not current on your student loan, or
- Are a current student with a carryover balance, non-standard payment plan, or delinquent standard payment plan.

If your transcript(s) cannot be released for these reasons, you will be notified by email or mail.

For Office Use Only:

Date request received: _____ Paid: _____ Initial _____

Processed: _____

Approved by Student Accounts: _____