

BETHEL COLLEGE

I N D I A N A

Student academic records are available on the Bethel College student Web site and can be printed at no charge. *Information required to identify your records. (Print neatly.)*

STUDENT INFORMATION

SSN _____ Phone (____) _____

Name _____
last first maiden

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Mail transcript to: *(This area will be used as a **mailing label**. Please do not write "same as above.")*

TRANSCRIPT REQUEST FORM

- Please mail transcript Now
 After current semester
 After degree posted
 I will pick up the transcript

- I am Currently enrolled at Bethel College
 A Bethel graduate
 Not a graduate, but attended Bethel

Number of copies to this address _____

- Each student is given a maximum of five free copies *(per lifetime)*.
- All subsequent copies are \$5.00
- Make checks payable to Bethel College.

All prior financial obligations must be met before transcripts will be released.

Office Use Only:

Free copy _____ Business office OK _____

Amount enclosed _____

Date issued _____ Sent by _____