Transcript Request Form

Please clearly print all information below before returning to the above address.
This form MUST be signed before record can be released.

Name: ____________________________________________         Other (e.g. maiden) ______________________
                   Last                 First  Middle

BC Student ID# _______________________           Phone __________________________

E-mail Address: _____________________________________              Date of Birth:_____________________

Address: __________________________________________________________________________________

City: ______________________________   State: __________   Zip Code:_____________

Check if you are currently enrolled [ ] OR dates of attendance _______________ semester/ year.

Please Check Program: Undergraduate _____   Graduate _____   IRS/SOF _____   Advanced College Credit _____

A transcript request cannot be processed for a student who has financial obligations to the college.
Please allow 3-5 business days to process transcript requests.

There is a $5 processing fee for each transcript effective August 6, 2009.

Number of transcripts to be mailed to address below _______.

Name: ________________________________________________________________________

Street: ________________________________________________________________________

City: _______________________ ___ State: _______  Zip Code: ____________

[ ] Official - Sealed       [ ] Official - Issued to Student       [ ] Unofficial

☐ Hold for final grades

Student's Signature: __________________________________________________________

This form must be signed before record can be released!