

ACADEMIC TRANSCRIPT REQUEST

A processing fee of **\$10.00** must accompany the request for official transcripts. Requests will be held until payment is received. Students currently enrolled will not be charged a fee for the transcript, however, students requesting a student copy of their transcript must do so in writing. No transcript of the student's work will be forwarded to another organization without written consent from the student or while there is an unpaid balance owed to the College.

Date _____
Currently Enrolled (YES/NO) _____
If not currently enrolled, last term attended _____ (Year)

Name _____

Student ID: _____ Date of Birth: _____

Home phone (____) _____ Work phone (____) _____ Cell phone (____) _____

MAIL TRANSCRIPTS TO:

Name _____

Address _____

If you are transferring to another institution, please give a brief statement of explanation. (This information is to be used for institutional research purposes only)

Reason for Transcript Request: _____

Are you requesting this transcript for summer school? Yes or No

Transferring to (school name): _____

Signature _____

Mail or fax this request to: Dena Monroe, Assistant Registrar
Bluefield College
3000 College Drive
Bluefield, VA 24605
Office Telephone: 276-326-4550 Fax Number: 276-326-4549*

*Please remember if you fax your transcript request, you must also **contact the Registrar Office at (276) 326-4550 to pay the fee with a credit card.**

SEND TRANSCRIPT: Now _____ After Grades are Available _____ I Will Pick Up _____ After Degree Notation _____
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Business office use only (for official transcript request only): <input type="checkbox"/> Approved Initials: _____ <input type="checkbox"/> Not Approved Initials: _____
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