



BETHUNE-COOKMAN UNIVERSITY
Office of the Registrar
640 Dr. Mary McLeod Bethune Blvd.; Daytona Beach, Florida 32114

TRANSCRIPT REQUEST FORM

Official Transcript **\$5.00** _____

Unofficial/Transcript **\$3.00** _____

Express Mail **\$25.00** _____

Express Mail or UPS will not delivery to P.O. Box

For credit card purchases, contact the Cashier's office (386/481-2289 or 2292) and provide the confirmation number on this form.
Submit the form by fax (386/481-2550) or mail to the Office of the Registrar with money order.

Date: _____ Student ID# _____

Name of Student (please print clearly): _____ Phone # _____

Address: _____ City _____ State _____ Zip _____

Years of attendance: _____ to _____ Year of graduation: _____ Did not graduate _____

Social security number: _____ Date of birth: _____

Name during attendance at Bethune-Cookman College/University: _____

Confirmation # _____ How many transcripts? _____ Paid for Express Mail? Yes ___ No ___

Reason for transcript request (please check)

- Transfer to another institution
- Graduate School
- Scholarship
- Personal
- Hold for final grade
- Other (Please Specify) _____

Signature _____ Date: _____

- I will pick up my transcript.
- All Walk-in Transcript request will be ready at **4:00** pm
- I authorize _____ to pick up my transcript.

Send transcript (Include full name and address): _____

FOR OFFICE USE ONLY

Amount Paid: _____ Received by: _____

Date Transcript Pick Up: _____

Date Transcript Mailed: _____