

# Bethany Divinity College and Seminary

Dothan, Alabama

## TRANSCRIPT REQUEST FORM

THE FOLLOWING INFORMATION IS REQUIRED:

Your Full Name: \_\_\_\_\_

Your name while you attended Bethany IF DIFFERENT FROM ABOVE:

\_\_\_\_\_

Your Current Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail \_\_\_\_\_ Day Time Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Years Attended \_\_\_\_\_

I authorize Bethany Divinity College and Seminary to release a copy of my transcript to the following:

\_\_\_\_\_

\_\_\_\_\_

Number of Copies Needed \_\_\_\_\_ (If your transcript needs to be mailed to more than one place, please include that information with this form)

Signature: \_\_\_\_\_

If sending a check or money order, please make payable to Bethany Divinity College and Seminary. Mail this form with payment to : P. O. Box 1944 – Dothan, Alabama 36302

Name of Credit Card – Please circle one:

**VISA    MASTERCARD    AMERICAN EXPRESS    DISCOVER    PAYPAL**

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Verification Number (3 or 4 Separate digits on front OR back of card) \_\_\_\_\_

Name exactly as it appears on credit card being used: \_\_\_\_\_

Credit Card Billing Address: (If different from current address ONLY) \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The cost is \$ 10.00 per Transcript. Your transcript cannot be mailed until the fee & request is in house at Bethany. We cannot accept an e-mail signature: however, you may fax this information to (334) 793-4344. When we receive the above information, it usually takes 7 – 10 business days to process your transcript. If you want your transcript(s) mailed “PRIORITY MAIL “, the cost will increase by \$ 5.00. If you have any questions, you may contact the office at (334) 793 – 3189.**