



---

## Transcript Request Form

**To Applicant:** These forms may be helpful when requesting official copies of your transcript from your college or university registrar(s). Most schools will not release a transcript without a signed request from the student. Be sure to check with the registrar(s) of your institution(s) regarding fees for this service.

-----  
To the Registrar of \_\_\_\_\_ College or University:

I request your assistance in facilitating my application process to Bethany Theological Seminary. Please mail one official transcript bearing the signature of the registrar and the seal of the institution for the applicant named below, directly to: **Admissions Office, Bethany Theological Seminary, 615 National Road West, Richmond, Indiana 47374-4019.** Thank you.

Name of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Current address \_\_\_\_\_  
Dates of attendance \_\_\_\_\_ Social Security/ID # \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Name at graduation \_\_\_\_\_  
Signature of applicant \_\_\_\_\_ \$ \_\_\_\_\_ enclosed

-----  
To the Registrar of \_\_\_\_\_ College or University:

I request your assistance in facilitating my application process to Bethany Theological Seminary. Please mail one official transcript bearing the signature of the registrar and the seal of the institution for the applicant named below, directly to: **Admissions Office, Bethany Theological Seminary, 615 National Road West, Richmond, Indiana 47374-4019.** Thank you.

Name of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Current address \_\_\_\_\_  
Dates of attendance \_\_\_\_\_ Social Security/ID # \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Name at graduation \_\_\_\_\_  
Signature of applicant \_\_\_\_\_ \$ \_\_\_\_\_ enclosed

-----  
To the Registrar of \_\_\_\_\_ College or University:

I request your assistance in facilitating my application process to Bethany Theological Seminary. Please mail one official transcript bearing the signature of the registrar and the seal of the institution for the applicant named below, directly to: **Admissions Office, Bethany Theological Seminary, 615 National Road West, Richmond, Indiana 47374-4019.** Thank you.

Name of applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Current address \_\_\_\_\_  
Dates of attendance \_\_\_\_\_ Social Security/ID # \_\_\_\_\_  
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Name at graduation \_\_\_\_\_  
Signature of applicant \_\_\_\_\_ \$ \_\_\_\_\_ enclosed