

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 2573 Hodgesville Road – Dothan, Alabama 36301

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: _____

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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.