

BRYN ATHYN COLLEGE

Transcript Request

Personal

Your name as it appears on college records: _____

Phone: () _____ () _____
HOME CELL

Email address: _____

Last year at Bryn Athyn College: _____

Recipient

Print name and address of each school, agency, or person to receive transcript

Name: _____

Address: _____
STREET/P.O. BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Number of copies: _____

Name: _____

Address: _____
STREET/P.O. BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Number of copies: _____

Fees

\$5.00 for the first transcript, \$3.00 for each additional; \$10.00 for 24 hour requests (If a 24 hour request is received after 10:00 am on a Friday, it will be mailed by Monday morning), \$5.00 for each additional. If current catalog is requested: \$2.00 additional.

Signature: _____ Date: _____

Please return the completed form to:

Bryn Athyn College
Attention: Transcript Requests
P.O. Box 717
Bryn Athyn, PA 19009-0717 USA

FOR OFFICE USE ONLY

Date received: _____

Amount paid: _____

Cash Check Credit Card

Date transcript(s) mailed: _____