BELMONT ABBEY COLLEGE

THAT IN ALL THINGS GOD MAY BE GLORIFIED

OFFICE OF THE REGISTRAR

REQUEST FOR TRANSCRIPT

There is a $2.00 fee per transcript for this service. Transcripts will not be furnished for anyone whose financial obligations to Belmont Abbey College have not been met. Please include credit card number and expiration date if you are faxing this request.

STUDENT ADDRESS: (Please Print)

Name: _____
First Middle Last

Street: _____

City: _____ State: _____ Zip: _____

NAME WHILE ATTENDING BELMONT ABBEY COLLEGE: _____

Complete one request form for each different address. It is the student's responsibility to furnish a correct and complete address:

NO. OF COPIES REQUESTED: _____

MAIL TRANSCRIPT TO: (Please Print)

Name: _____

Street: _____

City: _____State: _____Zip:_____

COMPLETE THE FOLLOWING INFORMATION:

Social Security No: _____/_____/_____

Date of Birth: _____/_____/_____
Month Day Year

Currently Enrolled: ☐ Yes ☐ No

If No, date last enrolled: _____
Semester/ Year

I WOULD LIKE MY TRANSCRIPT FOR:

☐ Transfer Purposes ☐ Graduate School

☐ Work Related ☐ Other_____

_____

** Signature of Student* *Date*

PLEASE:
☐ Issue now
☐ Hold until degree is conferred
☐ Hold for current semester grades
☐ Other_____

MAIL YOUR REQUEST TO:

Belmont Abbey College
Office of the Registrar
100 Belmont-Mt. Holly Rd.
Belmont, NC 28012

FAX YOUR REQUEST TO:

Belmont Abbey College
Office of the Registrar
(704) 461-6727