



## TRANSCRIPT REQUEST FORM

**Applicant:** Please use this form to request transcripts from your high school and/or college(s). Copies can be made for multiple institutions. The transcripts will then be sent directly from your high school and/or college to Bethany College of Missions.

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### HIGH SCHOOL TRANSCRIPT REQUEST

**Student's Name** \_\_\_\_\_  
**Dates attended:** From \_\_\_\_\_ To \_\_\_\_\_ Graduation Date \_\_\_\_\_  
**Student's Social Security Number** \_\_\_\_\_

**Please send complete most recent official transcript to:**

Bethany College of Missions  
Admissions Office  
6820 Auto Club Rd, Suite C  
Bloomington, MN 55438

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Date**

\*\*\*\*\*

### COLLEGE TRANSCRIPT REQUEST

**Student's Name** \_\_\_\_\_  
**Dates attended:** From \_\_\_\_\_ To \_\_\_\_\_ Graduation Date \_\_\_\_\_  
**Student's Social Security Number** \_\_\_\_\_

**Please send complete official transcript to:**

Bethany College of Missions  
Admissions Office  
6820 Auto Club Rd, Suite C  
Bloomington, MN 55438

\_\_\_\_\_  
**Student signature**

\_\_\_\_\_  
**Date**