BETHANY
COLLEGE OF MISSIONS
Established 1948

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

_____
Signature Date

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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

_____
Signature Date