



BETHUNE-COOKMAN UNIVERSITY

Office of the Registrar

640 DR. MARY MCLEOD BETHUNE BLVD.; DAYTONA BEACH, FLORIDA 32114

Phone: 386/481-2525 Fax: 386/481-2550

TRANSCRIPT REQUEST FORM

To request a transcript, submit this form by fax (386/481-2550) or mail to the Office of the Registrar with money order.  
For credit card purchases, contact the Cashier's Office (386/481-2289 or 2292) and provide the confirmation number on this form.

Date: \_\_\_\_\_ Student ID# \_\_\_\_\_

Name of Student (please print clearly): \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years of attendance: \_\_\_\_\_ to \_\_\_\_\_ Year of graduation: \_\_\_\_\_ Did not graduate \_\_\_\_\_

Social security number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name during attendance at Bethune-Cookman College/University: \_\_\_\_\_

Confirmation # \_\_\_\_\_ How many transcripts? \_\_\_\_\_

Reason for transcript request (please check)

- Transfer to another institution
- Graduate School
- Advisement
- Scholarship
- Personal
- Other (Please Specify) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

- I will pick up my transcript.
- I authorize \_\_\_\_\_ to pick up my transcript.
- Send transcript to (please print clearly): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**FOR OFFICE USE ONLY**

Amount Paid: \_\_\_\_\_ Received by: \_\_\_\_\_

Date Transcript Picked Up: \_\_\_\_\_

Date Transcript Mailed: \_\_\_\_\_