

BRYN ATHYN COLLEGE

Transcript Request

Personal

Your Name (as it appears in college records):

Phone:

Email:

Date of birth:

Last year at Bryn Athyn College:

Recipient

Print name and address of each school, agency, or person to receive transcript. Official transcripts cannot be sent via email.

Name:

Street/PO Box/Apt No.:

Town/City:

State/Province:

Zip/Postal Code:

Country: USA

Number of copies: 1

Name:

Street/PO Box/Apt No.:

Town/City:

State/Province:

Zip/Postal Code:

Country: USA

Number of copies: 1

Fees

\$5.00 for transcripts mailed within the United States. \$10.00 for transcripts mailed outside the United States.

Transcript requests will expire if payment has not been received within 30 days, and/or student account holds have not been resolved within 30 days.

Please return the completed form to:

Bryn Athyn College
Attention: Transcript Requests
P.O. Box 717, Bryn Athyn, PA 19009-0717 USA
Phone: #267-502-2474
Email: Registrar@brynathyn.edu

For Office Use Only

Date received:

Amount paid:

Cash Check Credit Card

Date transcript(s) mailed: