

BRYN ATHYN COLLEGE

Transcript Request

Personal

Your name as it appears on college records: _____

Phone: (____) _____ Email: _____

Last year at Bryn Athyn College: _____

Recipient

Print name and address of each school, agency, or person to receive transcript:

Name: _____

Address: _____
STREET/PO BOX/APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Number of copies: _____

Name: _____

Address: _____
STREET / PO BOX /APT. NO.

CITY STATE/PROVINCE ZIP/POSTAL CODE COUNTRY

Number of copies: _____

Fees

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

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: _____