

# BECKFIELD COLLEGE TRANSCRIPT REQUEST FORM

Print Legibly

Date Requested \_\_\_\_\_ **Official/Unofficial** \_\_\_\_\_ Phone Number \_\_\_\_\_

Name: \_\_\_\_\_ Last Name While Enrolled \_\_\_\_\_

Address: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Dates Attended: \_\_\_\_\_ : \_\_\_\_\_

Did you Graduate \_\_\_\_\_ If yes, what year \_\_\_\_\_

*Mail Transcript(s) To:*

First Request

Second Request

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Mail or Fax completed form along with \$5.00 non-refundable  
Transcript Requested Fee per Official Transcript to:

**Beckfield College**  
Attn: Registrar's Office  
225 Pictoria Drive, Suite 200  
Cincinnati, OH 45246  
Fax: (513) 671-1927

Credit Card payments can be made at [www.Beckfield.edu](http://www.Beckfield.edu)  
located at the bottom of the home page

\*ALL ACCOUNTS WITH BECKFIELD COLLEGE MUST BE CLEAR BEFORE **AN OFFICIAL** TRANSCRIPT CAN BE ISSUED

Please allow 3-5 business days for your request to be processed.