

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

16 Spiral Drive

Florence, KY 41042

Fax: (859)371-5096

**Credit Card payments can be made at 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.