

COLLEGE TRANSCRIPT REQUEST FORM



Belmont Abbey
COLLEGE

CENTER FOR CONTINUING AND PROFESSIONAL STUDIES

DIRECTIONS TO APPLICANT:

Please complete one (1) Transcript Request form for each institution previously attended. **Belmont Abbey College will mail this form and pay the fee for all your transcripts (U.S.A. institutions only).**

DATE: _____

I hereby authorize you to mail an official copy of my transcripts to:

FROM:

NAME (PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____

Belmont Abbey College
Adult Admissions
100 Belmont-Mt. Holly Road
Belmont, NC 28012-1802
704-461-7500

TO THE REGISTRAR OF:

NAME OF INSTITUTION

CITY _____ STATE _____

I ATTENDED FROM _____ TO _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NAME(S) USED WHILE IN ATTENDANCE _____

SIGNATURE _____

FOR OFFICE USE ONLY:

Date requested: _____

Method of Request: _____