



**Birthingway College of Midwifery**  
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## TRANSCRIPT REQUEST FORM

- Submit a completed Transcript Request Form per transcript, **in person or by mail. We do not accept emailed or faxed transcript requests.** Your signature is required on each transcript request.
- **Official Transcripts: \$10.00 each**
  - These are issued in a sealed envelope with the registrar's signature across the back flap.
- **Unofficial Transcripts: \$5.00 each**
  - These are stamped Issued to Student and are not signed by the registrar
- **The Office of the Registrar does not have the ability to fax, email, or scan transcripts into digital format under any circumstances.**
- Full payment must be received with your request. Payment can be made by cash, check or money order.
- Please allow at least 10 business days after the date that we receive your request to process your transcript. Your transcript may be delayed if your request is incomplete. We will not release transcripts to students who are not in Good Financial Standing. Please see the current Student Handbook and Catalog for details. If you have any questions, please contact us.
- **For security reasons, we will not fax your transcript.**

**Student Information (please fill this out completely - incomplete forms will result in a delay):**

|                  |                        |            |                                |              |      |
|------------------|------------------------|------------|--------------------------------|--------------|------|
| Legal First Name |                        | Legal M.I. | Legal Last Name                |              |      |
| Address          |                        |            | City                           | State        | Zip  |
| Date of Birth    | Social Security Number |            | Previous Name(s) if applicable |              |      |
| Email            |                        |            |                                | Phone Number |      |
| Signature        |                        |            |                                |              | Date |

**I would like an:**     **Official Transcript (\$10)**     **Unofficial Transcript (\$5)**

**Please mail my transcript to the following address (please fill out a separate form for each address):**

|                               |
|-------------------------------|
| Full Name or Institution Name |
| Address                       |
| City, State, Zip              |

**I will pick up my transcript. Please call me when it is ready at (        )        -        .**

Please Note: If you want someone else to pick up your transcript for you, we will require a signed, dated letter which states you are authorizing the release of your transcript to this person. They must bring their photo I.D.

|   |
|---|
| <b>OFFICE USE ONLY</b>                  |
| Date/time/payment/initial               |
| Please route to: _____ FIN    _____ REG |