



TRANSCRIPT REQUEST FORM

- Submit a completed Transcript Request Form per transcript **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, money order, or Paypal. Instructions for making a payment via Paypal can be found on our website: <https://birthingway.edu/for-students/make-a-payment/>
- 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.

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 |

Transcript Type: **Academic Transcript** **Legend, Drugs & Devices Transcript**

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 |

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