



## ACADEMIC TRANSCRIPT REQUEST

A processing fee of **\$15.00** must accompany the request for official transcripts. Requests will be held until payment is received. Students currently enrolled will not be charged a fee for the transcript.

**PLEASE NOTE: No transcript will be processed without this completed form or if there is a departmental hold or an unpaid balance owed to the college. Unprocessed requests and any associated fees received will be returned to you and you must resubmit your request after all HOLDS and financial obligations are satisfied.**

Check One:      Official Transcript: \_\_\_\_\_      Unofficial Transcript: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Currently Enrolled: \_\_\_\_\_ If not currently enrolled, last year attended: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden/Other Name Known By

Student ID/SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Best Contact number: \_\_\_\_\_ Best Contact E-mail: \_\_\_\_\_  
(So that we can reach you if we have questions or need additional information in order to process your request)

### MAIL TRANSCRIPTS TO:

Name: \_\_\_\_\_

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

If you are transferring to another institution, please provide the following information. (This information is to be used for institutional research purposes only)

Reason for Transcript Request: \_\_\_\_\_

Transferring to (school name): \_\_\_\_\_

**SIGNATURE (REQUIRED TO PROCESS REQUEST):** \_\_\_\_\_

Mail or fax this request to:      BC Central  
Bluefield College  
3000 College Drive  
Bluefield, VA 24605  
[bccentral@bluefield.edu](mailto:bccentral@bluefield.edu)      Office Telephone: 276-326-4215      Fax Number: 276-326-4356

### SEND TRANSCRIPT:

Now \_\_\_\_\_ After Grades are Available \_\_\_\_\_ I Will Pick Up \_\_\_\_\_ After Degree Notation \_\_\_\_\_

### Credit Card Information (Payment required for all official transcripts unless currently enrolled)

Students Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Amount \$ \_\_\_\_\_ Exp Date: \_\_ / \_\_  
Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Type of Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

### If a receipt of payment is to be mailed:

Address \_\_\_\_\_ C/S/Z \_\_\_\_\_

**BLUEFIELD COLLEGE DESTROYS ALL CREDIT CARD INFORMATION IMMEDIATELY UPON PROCESSING.**