

**BEAL COLLEGE
99 FARM ROAD
BANGOR, ME 04401
Phone 207 947-4591 Fax 207 947-0208
ACADEMIC TRANSCRIPT REQUEST FORM**

There is no fee for the student's first request of an academic transcript. Thereafter, a \$2.00 processing fee is charged for each transcript copy. Payment, if applicable, is to be made at the time of the request. Transcript requests are processed within 14 business days.

Please print your name and mailing address

Home Telephone Number _____

Work Telephone Number _____

Social Security Number _____

Date of Birth _____

Name(s) used while in attendance:

Name and address to which the transcript is to be mailed. (To ensure proper delivery, please provide a complete and accurate address.)

1. _____

2. _____

Please check as appropriate:

Currently Enrolled: Yes No

Mail Will Pick Up

Hold for Current MOD Grades

Number of Copies Requested _____

Dates of Attendance _____

Graduated Yes No

Program(s) _____

I hereby authorize the release of my transcript to the addressee(s) indicated.

Student Signature

Date: _____

I am presently enrolled in Beal College and request this transcript for a scholarship

I am presently enrolled in the Medical Assisting program and request this transcript for Certification

OFFICE USE ONLY

Amount Paid: _____

Check Number: _____

Date Received: _____

Date Processed: _____

Balance: _____

Processed By: _____

Denied: No Exit Interview FFEL in Default Past Due Account Unpaid Processing Fee