



ACADEMIC TRANSCRIPT REQUEST

Office of the Registrar
Lincoln Hall, First Floor
CPO 2168
Berea, KY 40404
859-985-3185
859-985-3918 (fax)
Registrar@berea.edu

Transcripts are issued free of charge. Please print legibly, sign, and submit this form in person or via US mail, fax or email. Berea College does not fax or email transcripts. To order an electronic transcript, please go to www.berea.edu/registrar/transcripts.

Student ID or SSN _____ Date of Birth _____
Last Name _____ First Name _____ Middle _____
Former Name _____ Cell Phone _____
Street Address _____
(Former student's address will be updated)
City _____ State _____ Zip _____
Email Address _____
Presently enrolled ___ Yes ___ No If no, dates of enrollment _____

Transcript will be used for: College/University ___ Job ___ Personal ___ Other _____

If you need transcripts sent to more than one recipient, please complete additional form(s).

Issue transcript to _____
Address _____

City _____
State _____ Zip _____

Check all that apply:
___ Mail
___ Pick-up
___ Hold for end of semester grades
___ Hold for posting of degree

Student signature

Date