

# Transcript Request

\$5.00 for each mailed (official) transcript • \$10 for each faxed (unofficial) transcript

Date \_\_\_\_\_

Number of Copies Needed \_\_\_\_\_

## Name

Last

First

Middle

Date of Birth \_\_\_\_\_ Social Security #  -  -

Currently Enrolled  Yes  No Year Last Enrolled \_\_\_\_\_

## Maiden

or Other Names Attended Under \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Student's Local Address \_\_\_\_\_  
\_\_\_\_\_

## Reason for Transcript

Employment

Graduate Application

Transfer

Personal

## Name and Address of Person or Institution to Receive the Transcript

\_\_\_\_\_  
\_\_\_\_\_

Hold for Degree (current students)

Hold for Grades (current students)

Student Signature \_\_\_\_\_

(Required and must be handwritten, no computer generated signatures accepted.)

**NOTE:** Attach check or money order for total cost of \$5.00 per copy, payable to Barton College. E-mail and telephonic requests will not be honored. You may fax this form to (252) 399-6572. To request a faxed copy, you must include credit card information for payment of transcript fees @ \$10 per copy. Type of credit card (Visa, MasterCard, or Discover), date of expiration, credit card account number, and the three-digit authorization code on the back of the card are required.

Please charge my credit card:

Student's Name \_\_\_\_\_

(print clearly)

Visa

MasterCard

Discover

Amount \$ \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-Digit Authorization Code \_\_\_\_\_

(Required - Found on back of card)

Signature \_\_\_\_\_

*inspiring futures*

# Barton College

WILSON, N.C. • WWW.BARTON.EDU

Office of the Registrar

P.O. Box 5000

Wilson, NC 27893-7000