TRANSCRIPT REQUEST

Transcripts provide a complete academic record of your time at the BAC. They include your grades, credits, and degree/certificate information. “Official” transcripts are embossed, signed by the Registrar, and are printed on official transcript paper and come in sealed envelopes. “Unofficial” transcripts are not embossed, or signed by the Registrar, and are printed on plain paper. Transcripts may be mailed or picked up in person; we do not fax or email transcripts. Transcripts will only be provided to those students who do not have outstanding financial obligations to the institution. Transcript requests are generally processed within two-three business days; requests may take longer during busy academic periods. There is no charge for transcripts.

STUDENT INFORMATION

Student Name: ______________________________________ BAC ID# ______________________

Address: ____________________________________________________________________________

____________________________________________________________________________________

Date of Birth: ___________________ Email: _______________________________________________

Name at the time of attendance (if different than above): ___________________________________

Program(s)* attended while at the BAC: ___________________________________________________

Dates of Attendance: ______________ ____________________________

*Transcripts will be processed for the program(s) listed above.

TRANSCRIPT REQUEST

Please Indicate the type(s) of transcript being requested:  □ Official  □ Unofficial

Number of Transcripts being requested: Official ______  Unofficial ______

Transcript Delivery:

□ I will pick the transcript(s) up at the Registrar’s Office

□ Please mail my transcript(s) to my address listed above

□ Please mail my transcript(s) to the following address: ______________________________________

____________________________________________________________________________________

____________________________________________________________________________________

By signing below, I authorize the release of my academic record to the recipients as provided above.

Signature: ________________________________________________________ Date: ______________

Office Use Only:

Rec. Date: ___________________________ Reg Signature: __________________ Bursar Signature: ______

F.A. Signature: ___________________________