

HIGH SCHOOL TRANSCRIPT REQUEST FORM

CENTER FOR CONTINUING AND PROFESSIONAL STUDIES



Belmont Abbey
COLLEGE

DIRECTIONS TO APPLICANT:

Please complete this Transcript Request Form for your High School or G.E.D granting institution. Belmont Abbey College will mail this form and pay the fee for all your transcripts (U.S.A. institutions only).

DATE: _____

I hereby authorize you to mail an official copy of my transcripts to:

FROM:

NAME (PRINT) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE NUMBER _____

Belmont Abbey College
Adult Admissions
100 Belmont-Mt. Holly Road
Belmont, NC 28012-1802
704-461-7500

TO THE REGISTRAR OF:

NAME OF HIGH SCHOOL OR G.E.D. GRANTING INSTITUTION

CITY _____ STATE _____

COUNTY _____

Please send my: Official High School Transcript Official GED Scores

I ATTENDED FROM _____ TO _____

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

NAME(S) USED WHILE IN ATTENDANCE _____

SIGNATURE _____

FOR OFFICE USE ONLY:

Date requested: _____

Method of Request: _____