PLEASE INDICATE BY CHECKING: ___ Will pick-up transcripts! ___ Please mail transcripts!

TRANSCRIPT REQUEST FORM

Building "A"
BOWLING GREEN TECHNICAL COLLEGE
Main Campus
1845 LOOP DRIVE
BOWLING GREEN, KY 42101
(270) 901-1000

ALL TRANSCRIPTS WILL EITHER BE MAILED ON FRIDAYS OR CAN BE PICKED UP ON FRIDAYS.

I agree to the release of_____ copies of my official transcript to the following:
(How many?)

Please mail transcript to: 1.)
Please mail transcript to: 2.)

NAME: _____
Any and All Last Names including Maiden First Name Middle Name

PROGRAM: _____ Approximate dates of attendance: _____

SOCIAL SECURITY NO.: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: ( ) _____ ( ) _____
(HOME) (WORK)

_____
(STUDENT SIGNATURE) (DATE)

PLEASE ENCLOSE/PAY APPROPRIATE AMOUNT FOR TRANSCRIPT(S):
1 TRANSCRIPT ---------- $5.00
ADDITIONAL ---------- $5.00 each
SAME DAY ON DEMAND ---$7.00
FAXED TRANSCRIPTS ----$ 10.00 (AN OFFICIAL TRANSCRIPT WILL BE MAILED ON FRIDAY AS FOLLOW-UP)

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PLEASE MAKE CHECKS PAYABLE TO: BOWLING GREEN TECHNICAL COLLEGE.

RETURNED CHECK FEE - $25.00