BACONE COLLEGE TRANSCRIPT RELEASE REQUEST

Note: Official transcripts are generally processed within 72 hours (higher demand periods may extend this time). A transcript will not be released until all obligations to the College have been satisfied.

Scholarship transcripts are available for current students and are generally processed within 48 hours (higher demand periods may extend this time). Scholarship transcripts are issued regardless of balance with the following notation: "This transcript is to be used solely for scholarship review purposes". Scholarship transcripts will be sent directly to the scholarship agency, and are not available for pick up. Requests may be faxed to Attn: Registrar's Office at 1-918-781-7416 or 1-866-498-1487, emailed to registrar@bacone.edu, or mailed to 2299 Old Bacone Road, Muskogee, OK 74403.

Student's Name: Current Address: Current City/State/Zip		Soc	Social Security No	
		Stu		
Dates Attended Bacone College		Ot	ther Names Used	
The documents are to be released to:		Nı	umber of copies requested:	
Student requ	ests to personally pic	<u> skup – photo ID requi</u>	red (not available for scholarship transcripts).	
Send to:	Name:			
	Street Address:			
	Box/Apt.#			
	City/State/Zip:			
		(Student must provid	le complete mailing address above.)	
Other persor	or organization: Na	ume:		
			· · · · · · · · · · · · · · · · · · ·	
	Во	ox/Apt.#		
	Cit	ty/State/Zip	· · · · · · · · · · · · · · · · · · ·	
	(St	tudent must provide con	nplete mailing address above.)	
Send transcript now.				
Send transcript after t				
Send transcript after of	degree & graduation	date has been posted.		
SIGNATURE OF STUDENT			DATE OF REQUEST	
charge; thereafter, \$5.00 p transcript can be released. Accounts office by calling	er transcript. <u>Form</u> Debit/credit card 918-781-7211.	<u>ner students</u> \$5.00 payments for transc	hin the calendar year will be issued without per transcript will be required before a ript orders may be made directly to the Student transcripts will be unofficial.	
Transcript Fee Received in Registrar's Office:			FOR OFFICE USE ONLY	
Date:By:			Date referred to Business Office:	
Cash	Check			
Card Payment Information			Data alased by Dusiness Office to issue	
Debit /*Credit Card #			_ Date cleared by Business Office to issue transcript:	
			uanseript	

transcript: _____

Card Expiration Date *Required for Credit Card payments -

CCID Code (3-digit code on back of card)