



50 Alpha Drive | Elizabethtown, PA 17022

## TRANSCRIPT REQUEST FORM

### **STUDENT INFORMATION**

*(This form must be completed by the student. Due to privacy laws, only a student can request their academic records.)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Program (City/Country) \_\_\_\_\_

Current Email Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Complete mailing address where the transcript and course report should be mailed:

Recipient School/University: \_\_\_\_\_

Attention To: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **AUTHORIZATION**

"I Understand that by signing this form, I am authorizing BCA Study Abroad, Inc. to mail my transcript(s) and course report to the university and/or person indicated on this form."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **PAYMENT INFORMATION**

*\*Payment will be processed upon receipt of this form.*

Payment Method:  Check (payable to BCA Study Abroad)  Money Order

Credit Card (circle one)    Visa    MC    Disc    AMEX

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Mail completed form and payment to: BCA Study Abroad, 50 Alpha Drive, Elizabethtown, PA 17022