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

## DELIVERY METHOD: *(select one)*

**Hard Copy** *(complete address where transcript should be sent)*

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

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

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

**Electronic Copy** *(complete email address where transcript should be sent)*

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

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

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

## PROCESSING TIME: *(select one)*

**Standard** *(10 business days from receipt of request)*

**Expedited** *(Fewer than 5 business days from receipt of request)*

## FORMAT REQUEST: *(select one)*

Standard Hard Copy: \$20    Standard Electronic Copy: \$5    Expedited Hard Copy: \$35    Expedited Electronic Copy: \$10

## PAYMENT INFORMATION: *(payment will be processed upon receipt of this form)*

Check *(payable to BCA Study Abroad)*

Money Order

Credit Card *(select one)*    Visa    MC    Disc    AMEX

*Please fill out credit card information in the box.*

Credit Card # \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

## AUTHORIZATION:

I understand that by signing this form, I am authorizing BCA Study Abroad, Inc. to send my transcript(s) and course report to the university and/or person indicated on this form. In addition, I give BCA Study Abroad, Inc. permission to process my payment above.

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