

FAIRHAVEN BAPTIST COLLEGE

Office of the Registrar
Jeremiah Mitchell, Registrar

86 East Oak Hill Road
Chesterton, Indiana 46304
Phone: (219) 926-6636 Fax: (219) 926-1111

TRANSCRIPT REQUEST

STUDENT INFORMATION

Today's Date _____

Student's Current Name _____

Maiden/Former Name(s) _____

Social Security # _____ - _____ - _____ Birth Date _____

Current Address & Phone Number:

Street _____

City _____ State _____ Zip _____

Email Address _____ Phone # _____

Please circle the school(s) you attended and give approximate dates of attendance:

College Dates Attended _____ Graduation Date _____

Postgraduate Dates Attended _____ Graduation Date _____

TRANSCRIPT INFORMATION

Transcript to be processed: **Immediately** **When final grades from current semester are available**

Mail to: _____

(Complete address required)

- Student will pick-up
- Regular (5-7 business days)
- RUSH (2 business days)
- Overnight

Mail to: _____

(Complete address required)

- Student will pick-up
- Regular (5-7 business days)
- RUSH (2 business days)
- Overnight

Mail to: _____

(Complete address required)

- Student will pick-up
- Regular (5-7 business days)
- RUSH (2 business days)
- Overnight

PAYMENT METHOD

Cash Amount _____

Check Amount _____

Money Order _____

I hereby authorize Fairhaven Baptist College to release my academic transcripts.

Your Signature _____