Fairhaven Baptist College
Office of the Registrar
Jeff Voegtlin, 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 and phone number:

Street_____

City _____ State _____ Zip _____

Email address _____ Phone # _____

Please circle the school(s) you attended, your status at the school, 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: _____ □ Student will pick up
(Complete address required)_____ □ Regular (5-7 business days)
_____ □ RUSH (2 business days)
_____ □ Overnight

□ Mail to: _____ □ Student will pick up
(Complete address required)_____ □ Regular (5-7 business days)
_____ □ RUSH (2 business days)
_____ □ Overnight

□ Mail to: _____ □ Student will pick up
(Complete address required)_____ □ 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 accept the payment for and release my academic transcripts.

Your signature _____