



BLACKFEET COMMUNITY COLLEGE – OFFICE OF THE REGISTRAR
REQUEST FOR TRANSCRIPT

STUDENT NAME: _____ STUDENT ID: _____ DOB: _____

Student Enrollment Information:

Currently Enrolled Former – Last Semester attended: _____ (Semester/Year)

Transcript(s) to be prepared:

Now, and I will pick up on: _____ at: _____ AM/PM

After FINAL or MID-TERM grades are recorded & Please MAIL (See address below)

After degree is posted & Please MAIL (See address below)

MAIL TO: _____
Location/Attn of: _____ Address _____ ST _____ ZIP _____

STUDENT SIGNATURE: _____ DATE: _____

Number of Official Transcripts Requested: _____ x \$5.00 = \$ _____ Copies from file _____ x \$1.00 = \$ _____

Number of Unofficial Transcripts Requested: _____ x \$2.00 = \$ _____

(List what you are requesting from your student file)

Fax Charge: \$10.00 X _____ = \$ _____ Fax to: (_____) _____ Attn whom: _____

Office Use Only:

Amount received: \$ _____ Initialed: _____ Student Billing Clerk: _____
Date Printed: _____ Date Picked Up: _____ By Whom: _____
Date Mailed: _____ Mailed by (initials): _____ Faxed Date: _____ Faxed by (initials): _____

TRANSCRIPT(S)/FILE REQUESTS MUST BE PAID IN FULL BEFORE THEY WILL BE PROCESSED.

White: Student File

Yellow: Student