



**BELMONT**  
COLLEGE

68094 Hammond Road | St. Clairsville, Ohio 43950 | 740 695 9500

**Transcript Request**

**Please print clearly:**

Name of Student: \_\_\_\_\_

Name Attended Belmont College Under (if different than above): \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
*Street Address or PO Box #*

\_\_\_\_\_

*City*

*State*

*Zip*

Belmont College ID# or Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

***I hereby authorize Belmont College to release a copy of my transcript to:***

**PROVIDE COMPLETE ADDRESS TO INCLUDE SPECIFIC PERSON OR OFFICE**

Name/Organization: \_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

Check one:  Official Copy  Student Copy

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

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Note: Original signature required. Form may be mailed or faxed (740.699.3049) to Belmont College. Forms sent via e-mail can not be accepted. **To process a transcript request, it must be accompanied by a copy of a valid photo ID.***

**For Office Use:**

Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_