



Transcript Release Form

BON SECOURS MEMORIAL COLLEGE OF NURSING
8550 MAGELLAN PARKWAY, SUITE 1100
Richmond, Virginia 23227
www.BSMCON.edu
Phone 804-627-5331
Fax 804-627-5330

Last First Middle initial SSN

(Name attended under) Last First Middle initial Daytime telephone number

Street address City State Zip code

E-mail address

Release transcript to:

Name of institution

Street address

City State Zip code

Attn: (if applicable)

The fee for each official transcript is \$5.00 per copy, unofficial transcripts no charge.

Completed transcript requests will be processed within 3 to 5 business days.

Payment methods: Checks or Money Orders: Make out to BSMCON.

Credit Card: Please call the College Bursar 804-627-5385 to make a payment over the phone.

I understand that transcripts will not be issued until all financial and/or other obligations to the College are cleared.

Signature Required for release of transcripts

Date

Rev. 8/2010

Please indicate:

_____ Mail now

_____ Will pick up during Office hours
(Gov't issued ID Required)

_____ Hold for current semester grades

Please indicate type and number of copies:

_____ Official _____ Number of copies

_____ Unofficial _____ Number of copies

The Family Education Rights & Privacy Act of 1974, as amended, prohibits the release of this information to a third party without written consent of the student.