



OFFICIAL TRANSCRIPT REQUEST FORM

DATE: _____, 20_____

CHECK THE CAMPUS YOU ATTENDED: Main____ Carver____ Southwest____ Central____

Please send _____ copy (ies) of my **OFFICIAL** transcript to the address listed below:

IMMEDIATELY_____ or AT THE END OF THE SEMESTER_____

Name of Institution_____

Attention_____

Address_____

City_____ State_____ Zip_____

PRINT your **FULL NAME** as listed on your records:

_____ Date of Birth____/____/_____

Student Number_____ or Social Security Number____-____-_____

Cell Phone () _____-_____ Home Phone () _____-_____

Do you have college credits on?

Microfilm and Computer (before and after 1985) () **Microfilm Only** (before 1985) ()

WHAT WAS YOUR COURSE OF STUDY _____?

Please indicate the year(s) you attended_____. **If before 1985, (Microfilm), please list all PREVIOUS names:**

_____; _____; _____

YOUR SIGNATURE_____

Requests may be faxed to **251-690-6998** or you may mail your request to the following address:

**Bishop State Community College
Office of Admissions and Records
351 North Broad Street
Mobile, AL 36603**

NOTE: REGULATIONS GOVERNING TRANSCRIPTS OF RECORDS

1. Request will be honored in the order of receipt. However, during peak periods such as registration, examinations, commencements, etc., there will be some delays. Transcripts should be requested in advance of these periods.
2. There are two (2) types of transcripts; (a) **OFFICIAL TRANSCRIPTS** are sent to a college, university, an employer; a State or Federal Agency. **In no case may an Official Transcript be sent to the student or former student.** (b) **UNOFFICIAL TRANSCRIPTS** do not bear the official seal and may be obtained by logging on to the BORIS system (please see the Bishop State website for details regarding BORIS log on).
3. Microfilm transcripts may require several days of research.

It is the official policy of the Alabama Department of Postsecondary Education and Bishop State Community College that no persons shall, on basis of race, color, disability, sex, religion, creed, national origin, or age be excluded from participation, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.

OFFICE USE ONLY

Date Request Sent_____

If Denied, Reason_____

Office Personnel_____