

# Request for Official Transcript

Mail request to:

Institution attended. This request should not be mailed to Belhaven College.

From: \_\_\_\_\_  
Student Name Name on transcript if different (Maiden/Other Name)

Address: \_\_\_\_\_  
City State Zip

To: \_\_\_\_\_  
School from which transcript is requested

Address: \_\_\_\_\_  
City State Zip

Date enrolled \_\_\_\_\_ No. official copies requested \_\_\_\_\_  
From To

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Copy 1 - Send transcript to: Belhaven College Accelerated Degree Program, Maitland 200, Suite 165, 2301 Maitland Center Parkway, Maitland, FL 32751.**

**(Optional) Copy 2 - Send to: Student at the address listed above.**

\_\_\_\_\_  
Student Signature Date

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