

Academic Transcript Request

Office of the Registrar
Bel-Rea Institute of Animal Technology
1681 South Dayton Street, Denver, CO 80247
303-751-8700, 800-751-9969, registrar@bel-rea.com

Each transcript costs \$5.00, CASH or MONEY ORDER only. Please print neatly.

Please note that transcripts will not be provided for individuals that have financial or other obligations to Bel-Rea.

Name: _____
First Middle Initial Last

Other legal names (i.e. birth name)

Phone: _____

E-mail: _____

Graduation Date (month/year): _____

Last 4 Digits of Social Security Number: _____

Timeframe:

_____ Process now.

_____ Hold for current quarter's grades/cumulative GPA.

_____ Hold until graduation/degree conferred.

_____ transcripts(s) to this address:

Recipient/Company/Institution

Attention

Street Address

City, State Zip Code

_____ transcripts(s) to this address:

Recipient/Company/Institution

Attention

Street Address

City, State Zip Code

For office use only:		
Total #: _____	Holds: _____	
Total cost: _____	Paid: _____	Date released: _____