

BENNINGTON COLLEGE

Transcript Request Form

In order to request a transcript, please complete, sign, and scan this form to: registrar@bennington.edu

Please Note:

- Only signed requests will be processed. Typewritten signatures will not be accepted.
- Transcripts will not be issued if a financial obligation to the College exists; including charges for Health Services.
- Allow two weeks from date of receipt for the request to be processed.
- We **do not** provide emailed or faxed transcripts. No exceptions. **Do not request PDF transcripts through this form.** If you need an emailed transcript you should request an eTranscript through the [National Student Clearinghouse](#).

First name: _____ Middle Initial: _____ Last Name: _____

Full name while at Bennington: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

Email: _____ Dates of attendance: _____

Program of study: ____BA ____MAT ____MATSL ____MFA ____MFA Writing ____Post baccalaureate

Transcript should be sent:

____ Now
____ To arrive by deadline: _____
____ Hold for end of term grades / evaluations
____ Other instructions: _____

Purpose of transcript:

____ Graduate or professional school application
____ Employment
____ Study Abroad
____ Transfer
____ Personal use (unofficial copy)
____ Scholarship

I hereby authorize the release of my transcript. Please mail a copy of my transcript to the address(es) listed below.

Signature: _____ Date: _____

Physical mailing addresses ONLY - no emails!

Request 1:

Request 2:

Request 3:

Request 4:
