

BENNINGTON COLLEGE

Transcript Request Form

In order to request a transcript, please Complete, sign, and mail this form to:

Office of the Registrar
Bennington College
One College Drive
Bennington, VT 05201

Alternatively, you may fax the form to (802) 440-4876 or scan and email the form to registrar@bennington.edu.

Please Note:

- Only signed requests will be processed.
- Transcripts will not be issued if a financial obligation to the College exists.
- Allow two weeks from date of receipt for the request to be processed.
- We cannot fax or email transcripts. No exceptions.
- Electronic transcripts can now be requested through a form on the Registrar's Office webpage.

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

Full name while at Bennington: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Dates of attendance: _____

Program of study (circle): 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 (no printed names): _____ Date: _____

Request 1:

Request 2:

Request 3:

Request 4:
