

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.
- 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. 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: _____

Request 1:

Request 2:

Request 3:

Request 4:
