



Request for Transcript from BGU

Today's Date: _____ SSN/BGU ID: _____

Name: _____
Last First Middle

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Year of your first course: _____ Email: _____

Please send a copy of my official transcript to the following institution (include to whose attention):

Please enclose a check for the following:

Check One: 1 copy (\$5) _____
 2 copies (\$10) _____
 3 copies (\$15) _____
 Unofficial (Free) _____

(Your signature)

Please mail request to:
Registrar
Bakke Graduate University
1013 8th Ave., Suite 401
Seattle, WA 98104
Or fax to (206) 264-8828

Office Use Only	
Date Request Rec'd:	____/____/____
Amount of Check:	\$ _____
Check Number:	# _____