



BAKKE
GRADUATE
UNIVERSITY
OF MINISTRY

Transcript Request

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) _____
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(Your signature)

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