



Belmont Central
1900 Belmont Blvd
Nashville, TN 37212
(615) 460-5402 office
(615) 460-5403 fax

Transcript Fee Form

THIS IS NOT A TRANSCRIPT REQUEST FORM

If you choose to fax the transcript request and mail your transcript fee, mail this form with the payment immediately after faxing the transcript request form to Belmont Central. Payment is required for all transcript requests. The transcript will not be processed until payment is received. After the appropriate method of payment has been received, the request(s) will be processed within the standard 2-5 business days.

Student Name: _____

Belmont ID or SSN: _____

Phone #: _____

Number of transcripts requested: _____

Amount enclosed: _____

(Optional): Circle type of card.

Master Card

Visa

Discover

American Express

Card number: _____ Expiration date: _____

Make checks payable to:
Belmont University

Process fees:
Mail transcript- \$2.00 per copy
Fax transcript- \$3.00 per copy
Urgent request- \$5.00 per copy

For Office use only:

Date received by BC: _____

Form of payment: _____

Check reference #: _____

BC initial: _____