



# Bridgerland Applied Technology College

1301 North 600 West – Logan, UT 84321  
Phone: 435-753-6780 Fax: 435-750-3046

## Transcript/Certificate Request Form

### REQUEST INFORMATION:

- Processing time for transcripts is 3 to 5 business days
- Processing time for certificates is 5 to 7 business days
- Transcripts are \$3 per copy due with request
- All tuition fees must be paid in full
- Certificates are \$5 per copy due with request

### NOTE HIGH SCHOOL STUDENTS:

Classes taken in high school during your high school hours or during the high school summer program do NOT show up on a BATC transcript; they will be on your high school transcript. If applying for the Regence Scholarship, please contact Heather Murphy at 435-750-3189

### REQUEST IS FOR:

Qty:

- \_\_\_ Official transcript - \$3 each  
\_\_\_ Unofficial transcript – free  
\_\_\_ Degree - \$5 each  
\_\_\_ Certificate - \$5 each

### PAYMENT METHOD:

Call Student Services @ 435-753-6780 to pay with Credit/Debit card over the phone or check an option below

\_\_\_ Check/Money Order Enclosed \_\_\_ Debit/Credit Card \_\_\_ Cash

### DELIVERY METHOD: Check one:

\_\_\_ Mail to Home \_\_\_ Pick up from BATC \_\_\_ E-mail (unofficial transcripts only)  
\_\_\_ Mail to Other School/Business (Provide address below) \_\_\_ Fax (Provide information below)

Mail to address below: (Institution name, attention to, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Fax to: (Institution name, attention to, fax number, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CLEARLY PRINT YOUR FULL LEGAL NAME:

Full Legal Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Did you attend before 1996? \_\_\_ Yes (when \_\_\_\_\_) \_\_\_ No

Approximate dates attended \_\_\_\_\_ Did you attend in: Logan \_\_\_

Have you received/requested a transcript from BATC before? \_\_\_ Yes \_\_\_ No Brigham \_\_\_

Are you a former/current LPN (practical nurse) student? \_\_\_ Yes \_\_\_ No LPN applicant? \_\_\_ Yes \_\_\_ No

### RELEASE ACKNOWLEDGEMENT:

I authorize the release of my academic records to the third parties specified on this form. I also approve the delivery method indicated above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Please e-mail me when my transcript is ready OR sent ☐ Please call me when transcript is ready to be picked up.