Baptist University of the Américas

8019 S. Pan Am Expressway
San Antonio, Texas 78224
Phone: (210) 924-4338 Fax: (210) 924-2701

Transcript Request

Student Name: ____
Last **First** **Middle** **Maiden**

Address: ____

____
City **State** **Zip Code**

Social Security Number: ______________________________________

Phone Number: ____

Please send my official transcript to:

Name of Person or Institution: ________________________________

Address: ____

____
City **State** **Zip Code**

Please enclose $5.00 transcript fee for each transcript you are requesting.
Make check or money order payable to BUA.

______________________________ ______________________________
Student Signature **Date**

- -

FOR SCHOOL USE ONLY

Transcript Approved ________________________ **Date Sent** ________________________

Transcript Denied ________________________ **(Due to financial obligation with Business Office)**