Request for Official Transcript of Record
Office of the Academic Affairs
Registrar@bua.edu

PERSONAL INFORMATION:

PLEASE PRINT

Name _____

Address _____

City _____

State _____ Zip Code _____

SSN or Student ID# _____

(____)_____ |_____
Phone Number |Email Address

IMPORTANT NOTES

1. Please use a separate form for each mailing address.

2. Regular Service $5.00 per copy.

3. The applicant is responsible for any mailing charges in excess of regular class mail; for example: courier service, fax, and priority post.

4. Official transcripts will be sent directly to the address requested in this form or to the student. A student may receive an "unofficial transcript" if requested.

account is outstanding.

6. Student records are confidential and transcripts are issued only on the written request of the student.

7. Transcripts are prepared in the order in which they are received. It takes three to five business days to process a transcript.

8. If your transcript is denied by the Business Office, this form becomes null and void after ninety days and you will be required to file a new request to obtain a transcript.

REGISTRAR

Date sent: _____ _____
Registrar

BUA
Baptist University of the Américas

ACADEMIC INFORMATION

Are you currently enrolled at:
Baptist University of the Américas? Yes ☐ No ☐

If not, when did you last attend _____
or graduate? _____

Please indicate the number of
transcripts you are requesting: _____

Send Transcripts to:
_____
_____
_____
_____

PAYMENT INFORMATION

Accepted credit cards:

Visa Master Card Discover

Card Holder name: _____

CC# _____

Expiration date: _____

V-Code (3 Digits on the back of the cc): _____

Mail Check or Money order to:

Baptist University of the Américas
2418 W. Ansley Blvd.
San Antonio, Texas 78224

Student Signature: _____

Today's Date: _____

FOR BUSINESS OFFICE USE ONLY

Approved: _____

Denied: _____

Signature: _____