## **BARTON COMMUNITY COLLEGE Academic Transcript Request**

Date of	Request:
	No. of transcripts requested Send Now; <u>do not</u> hold for semester grades Hold for current semester grades Hold for degree

Address inquires to:



Barton County Campus Office of Enrollment Services 245 NE 30<sup>th</sup> Road Great Bend, KS 67530 (620) 792-9252 or (800) 748-7594 FAX: (620) 786-1175

No. of transcripts requested		Fort Riley Campus Building 211, Room 211			
Send Now; do not hold for semester	9 1/				
Hold for current semester grades					
Hold for degree			Fort Riley, KS 664- (877) 620-6606	42	
			FAX: (785) 784-75	542	
			( 11, 1		
Name:	First	MI		Maiden/Other Names	
2000				•	
Barton College ID/SSN:			ate of Birth:		
Current Address:	City:		State:	Zip:	
Telephone Number:	\ddress:_				
Transcripts are released ONLY by reque	st signed by the stu	ıdent.			
Transcripts are released oner by reque	or orginear by the ota	idelit.			
Student Signature	_				
-					
FEE for each Transcript: \$5.00 for N					
Requests will be withheld from any student will be		n their acc	ount. The appropri	ate fee must	
accompany any request or the request will n	-				
Send my academic transcript to the following	-				
Issued to:			•	I be issued within	
Attention:			48 hours upon	receipt. Please	
Address:			allow at least t	wo weeks at the	
			end of the tern	n or during peak	
City: State:	Zip:		enrollment.		
*************************	*********	·*******	*******	******	
Transcripts will	not be processed u	ntil paym	ent is received		
Payment Information:					
☐ Payment Online - Pay online at <a href="https://www.bartoncco.com/www.bartoncco">www.bartoncco</a>	<u>edu</u> – Student Online S	Services – P	AWS - Pay Online Opt	ion	
☐ Payment Enclosed – Check/Cash/Money Order					
Or					
Credit Card Information:					
Card Type Card #	Exp.	Date	Authorization of	code :	
Name on card			ode for Card Holder:		