

Transcript Request Form

MARANATHA BAPTIST UNIVERSITY

Registrar's Office
745 W. Main Street
Watertown, WI 53094

www.mbu.edu
Office (920)206-2342
Fax (920)261-9109
Registrar@mbu.edu

Please print clearly all information. You must physically sign this document and include payment information before this request will be processed. When your completed request is received, there will be a two day processing period.

NAME: _____ ID#: _____
Last First Middle

Maiden/Other Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Attended: Maranatha Pillsbury Grace Baptist Undergraduate Graduate

Date of Birth: _____ Last year attended _____ Graduated? Yes No

Mail Fax (*Not Official*) **Transcripts to:**

School or Name: _____

Attn: _____

Street: _____

City: _____ State: _____ Zip: _____

Mailing Instructions:

Immediate Official Copy: _____

Immediate Personal: _____
(*Not Official*)

After Semester Results: _____

Please send _ copies

Fax Number: _____

I understand there is a \$20.00 fee per transcript. My transcript will be issued after payment is received and all financial obligations to the University have been satisfied. Choose one payment option:

Payment Options:

- I have included a check or money order.
- I will pay by CashNet on Maranatha website.
- I have paid by CashNet on Maranatha website.

Student Signature: _____ **Date:** _____

A physical signature is required by the actual student.

Comments/Date needed by: _____
