

Student or Parent Request for Buxmont Christian Educational Institute Transcript

Mail To: BCEI
c/o PHAA
105 Richman LN
Kittanning PA 16201

Please send an official BCEI transcript to the following address (es):

1) _____

Optional:
Student ID# at this institution:

(College, PHEAA or NCAA ID#)

2) _____

Optional:
Student ID# at this institution:

(College, PHEAA or NCAA ID#)

3) _____

Optional:
Student ID# at this institution:

(College, PHEAA or NCAA ID#)

Student's name _____ Graduation Year: _____

Maiden name (if different) _____ Date of Birth : _____

Student's Address _____

Phone: _____ Email: _____

A \$10 fee required for each transcript request (ie, 3 transcripts on this form is \$30).

Total enclosed: _____

Student or Parent Signature (required)

Date

Make check payable to PHAA