



OFFICE USE ONLY

Date Mailed /Picked Up: _____

Received by: _____

REQUEST FOR OFFICIAL TRANSCRIPT

- All financial obligations and holds **MUST** be cleared before a transcript can be issued.
- **There is a \$3.25 fee per transcript.**
- Only **Official** Brevard College transcripts may be released.

STUDENT INFORMATION:

Brevard College ID or Social Security Number _____ Date of Birth (MM/DD/YYYY) _____

Name _____

Last (*Name While Attending Brevard College*) **First** **Middle or Maiden Name**

Address _____

City _____ State _____ Zip _____

Phone Number(s) with area code _____ Email _____

****I grant Brevard College permission to update my contact information as listed above.** yes no

ATTENDANCE INFORMATION:

Currently enrolled at Brevard College Not currently enrolled Approximate Dates of Attendance _____

NAMES AND ADDRESSES: (INCLUDE INSTITUTION NAME, ADDRESS, AND "ATTENTION TO" IF APPLICABLE)

1. _____ 2. _____

Number of Copies _____

Number of Copies _____

I would like to: Mail now Send at end of semester Send after graduation Pick up now

STUDENT AUTHORIZATION:

To protect your right to privacy, transcripts may be released only with the student's written consent.

Student Signature

Date

Please mail or fax this form to:
Office of the Registrar
Brevard College
One Brevard College Drive
Brevard, NC 28712
828.884.8015
Fax: 828.884.3790
Email: Registrar@brevard.edu

Credit Card Type: Visa MasterCard Discover \$ _____

Card # _____

Card Verification Code (3 digit): _____ Expiration Date: _____

Name on Card: _____

Address of card holder:

Street _____

City _____ State _____ Zip Code _____

Signature _____