



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 _____

TRANSCRIPT RECIPIENT 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, fax or email
 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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover \$ _____ Card # _____ Card Verification Code (3 digit): _____ Expiration Date: _____ Name on Card: _____ Address of card holder: Street _____ City _____ State _____ Zip Code _____ Signature _____
