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 $3.50 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
828.641.0020
Fax: 828.641.0390
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_____

06.01.2021