



BROOKES BIBLE COLLEGE

10257 St. Charles Rock Road | Saint Ann, Missouri | 63074 | 314-773-0083

ACADEMIC TRANSCRIPT REQUEST

ALL FINANCIAL OBLIGATIONS MUST BE CURRENT BEFORE TRANSCRIPT WILL BE RELEASED

Full Name (Print) _____
Last First Middle Maiden

Names used on Brookes Records _____

Social Security Number _____ / _____ / _____ Birth Date ____ / ____ / ____

Full Mailing Address: _____

Phone (____) _____ Cell/Home (circle one) Email _____

Dates of Attendance _____ Degree earned _____

** Number of copies requested (\$5.00 per copy for official and unofficial)

_____ Official _____ Unofficial

Send transcript to: _____

Official transcript(s) will be forwarded only to an institution or agency, or – upon request – sent to a student in a separate, sealed envelope. Student copies will be marked as unofficial.

Payment made by: Cash Check # _____ Credit/Debit card (must be done through website)

I hereby authorize the release of my transcript(s) to the institution or agency listed above.

Signature _____ Date _____

For office use only:
Date received: _____ Date transcript sent: _____ Sent by: _____