

TRANSCRIPT REQUEST

TO: College Counseling Office

RE: Request for an Official Transcript

- Grade Transcript
- Test Transcript
- Activities List

Graduate's name (as it appears on the official academic record):

\_\_\_\_\_

Last	First	Year of Graduation
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Current Address:

\_\_\_\_\_

Street	City	State	Zip
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Home Phone Number: (     ) \_\_\_\_\_      Email Address: \_\_\_\_\_

Please mail my official transcript to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enclosed is a check for \$15.00 to cover expenses, payable to Brookfield Academy.

Signed \_\_\_\_\_ Date \_\_\_\_\_