BREWTON-PARKER COLLEGE

OFFICE OF THE REGISTRAR 912.583.3241
FAX – 912.583.4816

TRANSCRIPT REQUEST FORM

To obtain copies of your transcript please complete this form. Print, sign, and mail the form to:

Office of the Registrar - #2006
Brewton-Parker College
PO Box 197
Mt. Vernon, GA 30445

Transcripts cannot be released if you have a financial hold on your account or a chapel deficit.
Call during business hours if you need to clear either of those obligations.
We will retain transcript requests in our files for 60 days, and after 60 days, the requests will be void.

Transcripts cost $10.00 each and requests will not be processed without receipt of payment.

You may pay by one of the methods below:

- Check or money order with mailed requests

Full Name: _____ SSN: XXX-XX- _____

Phone number where we can reach you: _____

_____
Student Signature Date

Please send an official copy of my Brewton-Parker transcript to the following address (address must include Name of Organization, Department and/or Person, Street Address or PO Box, City, State, and Zip):

_____
_____
_____
_____

Please fax a copy of my transcript to (unofficial only): _____
Fax # ( ) -

Please mail an official copy to me at the following address (address must include Street Address or PO Box, City, State, and Zip):

_____
_____
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