

BREWTON-PARKER COLLEGE

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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 \$15.00 each and requests will not be processed without receipt of payment.**

**Transcript requests without payment will be returned.**

**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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