



ACADEMIC TRANSCRIPT REQUEST

The Brookes Bible Institute

3465 S Grand Blvd., St. Louis, MO 63118

ALL FINANCIAL OBLIGATIONS MUST BE CURRENT BEFORE TRANSCRIPT WILL BE RELEASED

Full Name (Print) _____
Last
First
Middle
Maiden

Mailing address _____

Phone _____ Email address: _____

Names used on Brookes Records _____

Other addresses while at Brookes _____

Social Security Number _____ Birth Date _____

Status: currently enrolled Alumni/former student
 Dates of attendance _____ Degree and Year _____

_____ Number of copies requested (\$5.00 for each request) Payment made by:
 Check Cash Credit card (credit card is required for faxed copies)
Fax number: 314-773-7471
 My billing address is the same as mailing.

Credit card Number - - - .
Security Code (CSC) _____

Exp Date _____ **CARD** (Circle one) **AMX DISC VISA MC**

_____ Official _____ Un-official _____ Send now _____ hold for final grades

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 noted as copies in some fashion.

Please send Transcript (s) to: _____

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

Signature _____ Date _____

| For official use only | |
|--|--|
| Fees: | |
| \$5.00 x _____ | Additional copies: \$ _____ |
| Business Office OK <input type="checkbox"/> | Amount paid: \$ _____ |
| Request made _____ in person _____ Mail or fax | Amount due: \$ _____ |
| Date received _____ | Date transcript sent: _____ Sent by: _____ |