

TRANSCRIPT REQUEST FORM

Please complete all items on the form. Requests made by telephone or verbally without the completed form will not be accepted or processed. *If the form is faxed, please include a cover page.*

1. Year(s) Attended			
2. Select Campus (send for	m to Brookline College at the ad	dress or fax number s	shown):
Albuquerque	Registrar, 4201 Central Ave., N.W., Ste J, Albuquerque, NM 87105 Fax: 505.833.2087		
Phoenix	Registrar, 2445 W. Dunlap Ave, Ste 100, Phoenix, AZ 85021 Fax: 602.973.2572		
Online	Registrar, 2445 W. Dunlap Ave, Ste 100, Phoenix, AZ 85021 Fax: 602.973.2572		
Tempe/Mesa	Registrar, 1140-1150 S. Priest Dr., Tempe, AZ 85282		
Tucson	Registrar, 5441 E. 22nd Street, Tucson, AZ 85711		
OKC/West Valley	Registrar, 2445 W. Dunlap Ave, Ste 100, Phoenix, AZ 85021 Fax: 602.973.2572		
3. Student Information			
Name			
Last , First, Middle	Initial		Maiden or other name
Social Security or Student	tudent ID # Date of Birth		
Daytime Telephone #	E-	·mail	
Address (Number and Stre	et)		
City		State	Zip
(If transcripts are to be sent to	· —		Mail to address below
	et)		
			Zip
5. Student Signature*			
	Date		
privacy of student education rec	nd Privacy Act (FERPA) (20 U.S.C. § 1232 ords. The law applies to all schools that re enerally, schools must have written pern	eceive funds under an app	olicable program of the

Note: A transcript request will not be processed until all financial obligations to the institution have been met.

Transcript Request Form 11/18/2016 (Revised)

to release any information from a student's education record. It is Brookline College's policy that student records will not be

released without a student's approval.