



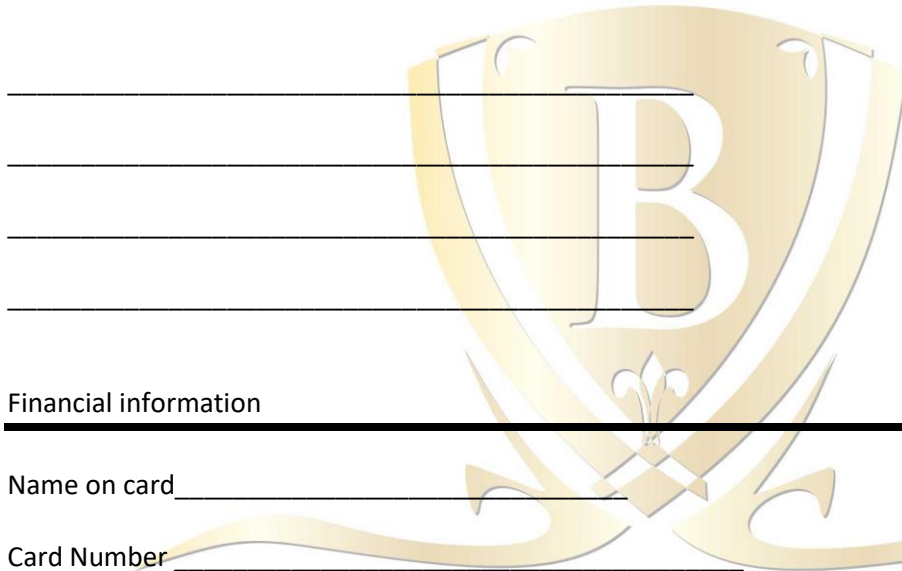
Request for Transcript from Brighton College

Student Name _____ Date of Attendance _____

Name on file with Brighton College _____ Program _____

Date of Birth _____ Phone _____ Email _____

Please have my Official Transcript sent to the address below



Financial information

Name on card _____

Card Number _____ Expiration date _____

Security Code _____

Address on file with Card issuer _____

City _____ State _____ Zip code _____

I understand that Brighton College charges \$10.00 for each official transcript to be sent out. I agree to pay the fee prior to sending out the transcript.

I authorize Brighton College to release my educational record information to the party specified above.

Signature

Date