



Transcript Request Form (BRCC only)

Today's Date: _____ Number of Official Copies: _____ Student ID or Social Security#: _____

Student's Name Last: _____ First: _____ Middle Initial: _____

Maiden or Other Name: _____ Telephone #: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Date Last Attended (Semester/Year): _____ email address: _____

Did you attend prior to 1985? Yes _____ No _____

Hold for Current Semester Grades: Yes _____ No _____ Hold for Degree Posted: Yes: _____ No: _____

_____ I will pick up the transcript

_____ Please mail the transcript to the following address:

Mail To: _____

Student's Signature (Required): _____

To Mail this request: Cashier's Office, 180 West Campus Dr, Flat Rock, NC 28731 or
Fax completed form to (828) 697-0811

Fees: \$3 per transcript ****Payment cannot be taken over the telephone****

cash check or money order credit card

pay online using WebAdvisor (allow 24 hours for fee to show)

Fee to be charged to credit card: Visa Master Card American Express

Credit Card Number: _____ Expiration Date _____

3-Digit Security Code (back of card) _____

Internal Use Only: receipt #