



Receipt #: \_\_\_\_\_

## Blue Ridge Transcript Request Form

Today's Date: \_\_\_\_\_ Number of Official Copies: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student's Name Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Maiden or Other Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ 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 at: \_\_\_\_\_ Henderson Co. Campus \_\_\_\_\_ Transylvania Co. Campus

\_\_\_\_\_ I **give permission** for the following person(s) to pick up my transcript:

\_\_\_\_\_

\_\_\_\_\_ Please **mail** the transcript to the following address(es):

**Mail To:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student's Signature (Required):** \_\_\_\_\_

**Mail** completed form to: Cashier's Office, 180 West Campus Dr., Flat Rock, NC 28731 or

**Scan and Email** form to: [registrar@blueridge.edu](mailto:registrar@blueridge.edu) or

**Fax** completed form to: (828) 697-0811

**Fees: \$5 per transcript \*\*Payment must be received prior to transcript being printed.**

**Payment cannot be taken over the telephone or sent via email\*\***

pay online using My.BlueRidge (contact 828-694-1721 to set-up charges online)  cash

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

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3-Digit Security Code (back of card): \_\_\_\_\_