



2279 Mount Vernon Road
Southington, CT 06489
www.briarwood.edu

800.952.2444
860.628.4751
F: 860.628.6444

Request for Release of Transcript

Please forward an official copy of my high school/college transcript to the following address:

Briarwood College
Admission Office
2279 Mount Vernon Road
Southington, CT 06489

Name (while in attendance) _____

Name (if different from above) _____

Current Address _____

City, State, Zip _____

Phone _____

Date of Birth _____

Name of High School or College _____

City, State, Zip _____

Graduation Date _____

Thank you for your prompt response to this request.

Signature _____

Date _____

Social Security Number _____

For College/University Transcripts

Please Note: Most colleges and universities charge a small fee (usually \$2 - \$5) for each transcript.
Contact the Registrar at the college or university you attended regarding any fees.