Briarwood College

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Southington, CT 06489
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Official Transcript Request

Student's Name and Address	Name (Last) (First) (M.I.) (Maiden and/or other) . . . . . . Address (No. & Street) . . . . . . (City) (State) (Zip Code)
Currently enrolled Yes □ No □ Last date of attendance if not currently enrolled: _____	Social Security No. (required) ! ! ! - ! ! ! - ! ! ! ! ! Program of Study: _____
□ FULL-TIME □ PART-TIME **□ COMPLETED BACHELORS DEGREE** **□ COMPLETED ASSOCIATES DEGREE** **□ COMPLETED CERTIFICATE PROGRAM** **□ WITHDREW**	In accordance with the Family Education Rights and Privacy Act of 1974, I authorize release of the above records. _____ Signature

Send Transcript(s) To: PLEASE REMIT $5.00 FOR EACH TRANSCRIPT REQUESTED (CASH OR MONEY ORDER).	Name/Address (1) . . . . (2) . . . .

ALL PORTIONS OF THIS FORM MUST BE COMPLETED BEFORE TRANSCRIPT(S) CAN BE RELEASED.

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