

# OFFICIAL TRANSCRIPT REQUEST FORM

The Kaleo Institute at Brewer Christian College

\_\_\_\_\_  
Last Name First Middle

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Country

Current Daytime Phone: (\_\_\_\_\_)\_\_\_\_\_

Are you currently enrolled? \_\_\_\_ Yes \_\_\_\_ No If 'no', dates of enrollment \_\_\_\_\_

Is this for employment purposes? \_\_\_\_ Yes \_\_\_\_ No

I authorize the release of my official transcript to the person(s) or institution(s) indicated:

X \_\_\_\_\_

**Signature**

**Date**

**SEND TRANSCRIPTS TO:**

1) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ # of copies \_\_\_\_\_

2) \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ # of copies \_\_\_\_\_

For office use only - Please do not write below this line Received \_\_\_\_/\_\_\_\_/\_\_\_\_ Sent \_\_\_\_/\_\_\_\_/\_\_\_\_

Official Transcripts are \$7.00 (US) each.

Send check and/or money order (Payment can also be made online through your student account) plus this completed form to:

The Kaleo Institute at Brewer Christian College  
731 Duval Sta. Rd. Ste 107-185  
Jacksonville, FL 32218