



Beacon College
105 E. Main Street
Leesburg, FL 34748
352-787-7660

Official Transcript Request Form

Instructions:

1. Make sure this form is filled out completely, paying special attention to your name and previous name(s) and your Enrollment Status.
2. Make sure you sign and date the form.
3. Make sure you have cleared any outstanding financial obligations with Beacon College.
4. Please enclose a check, payable to **Beacon College**, for the transcript fee of \$5.00. Please allow two (2) business days for processing.
5. Your request cannot be processed if it is incomplete, inaccurate, or if there are outstanding financial obligations.

Requestor Information

Date of Birth: _____/_____/_____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Previous name(s) (if applicable): _____
Last First Middle

Daytime Telephone: _____

Email Address: _____

Enrollment Status: Currently Enrolled
 Previously Enrolled: Year(s): _____

Transcript Information

Mail Transcript to: _____
Name of Person/Company/Institution

Street/P.O. Box, etc.

City State Zip Code

I, hereby authorize Beacon College to release my transcript to aforementioned person/company/institution listed above.

Printed Name

Signature

Date