



Transcript Request Form
Beacon College
Office of Admission

APPLICANT: Please provide the information requested below. Send this form with the appropriate fee to the Registrar of the school you attended. The Registrar will send your transcript directly to us.*

Social Security # (used for ID purposes only): _____

Applicant's Full Name: _____

Former Last Name (if different): _____

Dates of Enrollment: _____

Number of credits taken or degree(s) received: _____

I hereby authorize the release of my academic record and related materials to
Beacon College Office of Admission.

Signature: _____

Date: _____

*This form may be photocopied if needed by more than one institution.

Please send official transcript to:
Beacon College Office of Admission
105 E. Main Street • Leesburg, FL 34748
Toll Free: 855-220-5376 • Fax: 352-787-0796 • Email: admissions@beaconcollege.edu