



**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 when transcript was printed): \_\_\_\_\_

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