



Brightwood
CAREER INSTITUTE

Request for Release of Transcript

Student Name: _____

Student ID Number/SSN: _____

Type of Transcript:

Unofficial:

Official:

Please mail an Unofficial/Official copy of my transcript to:

Please provide a physical mailing address as transcripts cannot be emailed or faxed.

Student Signature

Date

Time

Note: This form should be used to request Brightwood Career Institute.

Approved

Denied Reason: _____

Student Finance Signature

Date