

**TRANSCRIPT REQUEST FORM**

Office of the Registrar, 500 Washington Street, SE/Gainesville, GA 30501-3697  
 Phone: (770)534-6203 / Fax: (770)538-4790  
 Email: [registrar@brenau.edu](mailto:registrar@brenau.edu)

**REGISTRAR'S OFFICE USE ONLY:**

Payment Amount Received: \_\_\_\_\_  
 Check/mo#: \_\_\_\_\_ Card Approval Code: \_\_\_\_\_  
 Holds: \_\_\_\_\_ Student Notified: \_\_\_\_\_  
 Transcript(s) processed on: \_\_\_\_\_  
 Comments: \_\_\_\_\_

**STUDENT CONTACT INFORMATION:**

Name: \_\_\_\_\_ SSN or ID-NO: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Contact e-mail: \_\_\_\_\_  
 Dates of enrollment: \_\_\_\_\_ Enrollment Status:  Undergraduate  Graduate  Both

(Records prior to 1980 are on microfilm and may cause longer processing times)

Name when enrolled at Brenau (if different from above) \_\_\_\_\_

**PURPOSE OF TRANSCRIPT(S)** (Please check all that apply):

Employment  Graduate School  Licensure  Scholarship  Student Copy  Transfer  Other \_\_\_\_\_

▶ **STUDENT SIGNATURE- ELECTRONIC SIGNATURES NOT ACCEPTED** - I authorize Brenau University to release the transcript of my academic record.

**X** \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

(REQUEST IS VOID WITHOUT WRITTEN SIGNATURE OF STUDENT AND WILL NOT BE ACCEPTED)

**Transcript is to be issued:**

- Now
- After grades are posted –  
Please provide date you expect coursework to be complete as your transcript will be printed at the end of that session.  
\_\_\_\_\_
- After degree is posted -  
Please provide date you expect to complete degree.  
\_\_\_\_\_

**PAYMENT INFORMATION:** There is a **\$10.00 per copy** charge associated with this request. The transcript fee must be paid before the transcript is issued. **No transcript is issued to any student whose financial obligations to the university have not been satisfied.** Please enclose check or money order for the appropriate amount, or if paying by credit card, please enter information in the space provided below. Cash is not a preferred form of payment via mail. There is an additional fee for copies printed in the office on-demand.

**Please select method of payment: (Please, no cash payment)**

Check/money order enclosed (or)  
 Please charge to my:  American Express  Discover  MasterCard  Visa  
 Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Card Holder Name \_\_\_\_\_  
 Card Holder Signature \_\_\_\_\_

**Transcript print options: Please note:** It is against Brenau policy to fax transcripts. Official transcripts sent directly to a student are marked "ISSUED TO STUDENT" and may not be accepted by a third party. Transcripts are usually processed within one week of receipt of request, but during peak periods, please allow up to two weeks for processing (for example-graduation week).

**Picked up** – You will be sent an email at the email address provided above when the transcript is available for pick up. Please note that if you cannot personally retrieve your transcript, you **MUST** authorize (in writing) who may pick up your transcript. Photo ID required when transcript is picked up. Payment must be made in advance. **Number of copies to pick up at \$10.00 per copy:** \_\_\_\_\_

**Sent electronically at \$10.00 per copy** – Please print clearly as Brenau is not responsible for errors due to an incorrect or illegible email address.  
 Name of intended Recipient or Institution: \_\_\_\_\_  
 Email address to send transcript to: \_\_\_\_\_

**Mailed** - Please provide a complete and legible mailing address as any errors could result in your transcript not being received. **\*\***Please note that if your transcript is being issued to an institution that accepts electronic transcripts via eScrip-Safe, your transcript may be sent electronically.

**Number of copies to this address at \$10.00 per copy** \_\_\_\_\_

Name: \_\_\_\_\_  
 (Attn:): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_