



Request for Official Transcript

Student Information

Last name: _____ First name: _____

Name while attending (if different from above): _____

Date of birth: ____ / ____ / ____

Parents' names: _____

Current email or phone: _____

Campus Information

Brightmont campus attended (City, State): _____

Dates attended (month/year): ____ / ____ to ____ / ____

Graduated from Brightmont: ☐ Yes ☐ No If yes, date (month/year): ____ / ____

Sending Instructions

Send via: ☐ Mail ☐ Email ☐ Mail and Email ☐ Pick up at Campus

ATTN: _____

Company/Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Authorization to Release Records

Student Signature: _____

Date: _____

Parent Signature (if under 18): _____

Date: _____