

Brookshire International Academy

Office of Admissions ~ Phone: 877-655-7452 ~ Fax: 619-226-8721 ~ PO Box 912, Lemon Grove, CA 91946

www.brookshireinternational.academy

TRANSCRIPT REQUEST FORM

Please fill out this form and print or save it and send to your previous High School.

- 1. **Date of Request:** _____ / _____ / _____ (MM/DD/YY)
- 2. **School Name:** _____
- 3. **School Address:** _____
 City: _____ State: _____ ZIP: _____
- 4. **Phone Number/Fax Number:** (_____) _____ - _____ / (_____) _____ - _____

Please forward my transcript to:

Brookshire International Academy

Email: transcripts@brookshireinternational.academy

Fax: (619) 226-8721

Postal: PO Box 912

Lemon Grove, CA 91946-0912

If there is a fee involved, please notify Brookshire. My information is given below:

- 1. **Student Name:** _____
- 2. **Name When in School:** _____
- 3. **Last Year Attended:** _____
- 4. **Date of Birth:** _____ / _____ / _____
- 5. **Last 4 of Social Security Number:** _____
- 6. **Current Mailing Address:** _____
- 7. **Current City, State, Zip Code:** _____, _____ _____
- 8. **Phone Number:** (_____) _____ - _____

Thank you for your assistance.

(Signature of Student)