



TRANSCRIPT REQUEST FORM ALUMNI ONLY

FULL NAME

YEAR OF GRADUATION

DATE REQUESTED

CONTACT EMAIL

DAYTIME PHONE (INCL. AREA CODE)

Transcript requests can only be submitted and signed by the student requesting

Please send my transcript to the following universities: (Include address)

1

UNIVERSITY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

2

UNIVERSITY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

Transcripts will not be provided until financial obligations to the Brophy have been satisfied and the appropriate transcript fees have been paid. There is a \$5.00 charge that may be remitted in one of the following ways:

1. Check, money order or cash -request form & payment must be received at the same time
Check Payable to Brophy College Prep. Mailed to 4701 North Central Avenue, Phoenix, Arizona 85012-1723 ATTN: Donna Nelson, Registrar
2. Credit Card -Billing address must be included. Complete the information below and mail or fax to 602/234-1669

Check One: Visa Mastercard American Express

Cardholder's Name _____

Billing Address _____

Billing City/State/Zip _____

Credit Card No. _____

Expiration Date ____/____

Alumnus Signature _____

For further inquiries, contact Brophy Registrar, Donna Nelson at dnelson@brophyprep.org or 602/264-5291 ext. 6265