



*Request for Official Transcript*  
*To be sent from another institution to Bryan College*

Name \_\_\_\_\_ Date \_\_\_\_\_  
*Please print*

Signature \_\_\_\_\_ SS# \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Graduation \_\_\_\_\_

School Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Website \_\_\_\_\_

Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Currently Enrolled? \_\_\_\_\_ OR Date Last Attended \_\_\_\_\_

Please include ACT or SAT score reports if available.

*PLEASE SEND WITHIN TWO WEEKS TO:*

**Office of Admissions  
Bryan College  
721 Bryan Drive  
Dayton, TN 37321**

Requestor \_\_\_\_\_

Date Requested \_\_\_\_\_

ADMISSIONS OFFICE