



BROOKFIELD ACADEMY

TRANSCRIPT REQUEST

Return to Patriots Hall 3215 N. Brookfield Rd.
Brookfield, WI 53045
email: kathryn.welden@brookfieldacademy.org

TO: Brookfield Academy
RE: Request for a Grade Transcript

Name of Graduate/Student (as it appears on the official academic record):

Last First Year of Graduation

Current Address:

Street City State Zip

Contact Phone Number: (____) _____ Email Address: _____

1.) Please mail my official transcript to:

Enclosed is a check for \$12.00 per transcript to cover expenses, *payable to Brookfield Academy.*

2.) Please email (not official) a pdf of my transcript to: _____

Enclosed is a check for \$8.00 to cover expenses, *payable to Brookfield Academy.*

3.) Please send an official copy of my transcript through Parchment. An order has been placed.

Enclosed is a check for \$5.00 to cover expenses, *payable to Brookfield Academy.*

Electronic payments for any transaction can be made via this link: <https://brookfield.revtrak.net/upper-school/#/v/transcript-request>

Signed _____ Date _____

Printed Name _____