



BREINING INSTITUTE – COLLEGE FOR THE ADVANCED STUDY OF ADDICTIVE DISORDERS

8894 Greenback Lane • Orangevale, California USA 95662-4019 • Telephone (916) 987-2007 • Facsimile (916) 987-8823

TRANSCRIPT REQUEST FORM

To request a copy of your Breining Institute transcript, fill out this form completely, sign, and mail directly to us. The charge will be \$10.00 per copy. Make check or money order payable to "Breining Institute." All requests must have the student's signature.

SECTION 1. Please print your information clearly.

[Grid for First Name]

First Name

[Grid for Middle Name]

Middle Name

[Grid for Last Name]

Last Name

[Grid for Address]

Address (Number, Street, Apt or Suite No.)

[Grid for City]

City

[Grid for State]

State (or Province)

[Grid for USA Zip Code]

USA Zip Code

[Grid for Residence Telephone Number]

Residence Telephone Number (including Area Code)

[Grid for Work Telephone Number]

Work Telephone Number (including Area Code)

[Grid for Social Security Number]

Social Security Number

[Grid for Date of Birth]

Date of Birth (Month-Day-Year)

[Grid for Gender]

Male Female

SECTION 2. Where do you want these transcripts sent?

Name / Institution:

Address

City

State

ZIP

SECTION 3. Please let us know:

- Date(s) of graduation / attendance at Breining Institute: _____
- Breining Institute program from which you graduated / attended: _____
- Other names under which you were enrolled at Breining Institute: _____
- How many copies of transcripts you are requesting?
- What is the total amount you are sending with this request (number of transcripts x \$10)?.....

SECTION 4. NOTICE:

This transcript is being sent under the provisions of the Family Educational Rights and Privacy Act of 1974 (Public Law 93-380), commonly known as the Buckley Amendment. Information contained on this transcript cannot be transferred to a third party without the written authorization of the student concerned.

Student's signature: _____ Date: _____

Sign and mail this form to:

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