



Berks Real Estate Institute
16-B Margaret Street
Reading, PA 19605
Phone: 610-926-9747
Fax: 610-926-9591



REQUEST FOR OFFICIAL TRANSCRIPT

NAME : First _____ Middle _____ Last _____
Any Other Names Used While You Were a Student: _____
CURRENT ADDRESS _____
CITY _____ STATE _____ ZIP _____
PRIMARY PHONE _____ ALTERNATE PHONE _____

PLEASE CHECK THE TYPE OF TRANSCRIPT YOU ARE REQUESTING:

- Real Estate PreLicensing Transcript for Fundamentals and Practice
Date Courses Completed: _____
- Real Estate Broker Transcript
Name of Class: _____ Date Course Completed: _____
Name of Class: _____ Date Course Completed: _____
- Real Estate Continuing Education Transcript
Name of Class: _____ Date Course Completed: _____
Name of Class: _____ Date Course Completed: _____
- Appraisal Transcript
Name of Class: _____ Date Course Completed: _____
- Appraisal Continuing Education Transcript
Name of Class: _____ Date Course Completed: _____

PLEASE CHECK FORWARDING INSTRUCTIONS:

- Mail to my address. (We will only mail transcripts to you.)
- I will pick up transcripts at the Reading Office. Please call for office hours. (Photo id is required.)

AFFIDAVIT & AUTHORIZATION:

I certify that I am the person requesting the transcript and that I authorize Berks Real Estate Institute to release my transcripts. (Please note: Transcripts will not be released if you have a financial obligation to our school.)

Signature: _____ Date: _____

PLEASE CHECK PAYMENT OPTION - COST IS \$10.00 PER REQUEST FORM:

- Check Enclosed - Made payable to Berks Real Estate Institute
- Credit Card #: _____ Exp.Date _____
(*Visa, MasterCard, Discover, or American Express*) Security Code _____

For Office Use Only: Check # or CC Approval #: _____ Processed by: _____ Date: _____