

BRIDGEPORT HIGH SCHOOL
55707 Industrial Dr.
Bridgeport, OH 43912
Phone: 740-635-0853 Fax: 740-635-6003

TRANSCRIPT REQUEST FORM FOR FORMER STUDENT

Date request: _____

Name: _____ Maiden name: _____

Date of Birth: _____ Year of Graduation: _____

Phone number: _____

Please provide _____ copy/copies of my transcript:

_____ Mail to: _____

_____ Fax to: _____

_____ Email to: _____

_____ will pick up in high school office

Special instructions:

A \$2.00 fee per copy is required. Transcript will not be sent until fee is paid

I give permission for my transcript to be released as per my request above.

Signature

Date

For office use only

_____ \$ 2.00 fee received by: _____ (initials)

_____ Cash: _____ Check #: _____

Date transcript sent: _____ by _____ (initials)

_____ Scan transcript to folder

_____ Attach this form to a copy of the transcript and place in Guidance Counselor's mailbox