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| TRANSCRIPT REQUEST FORM |
| **Student/ Former Student Name:**(Maiden Name) | **Date of Request** | **Year of Graduation** |
|  |  / / |   |
| **Contact Information:** Phone# | **Birth Date** | **Current Address** |
| * -
 |  / / |  |
| **Personal Email:** |  |   **City, State/Zip** |
|  |  |  |
| **TRANSCRIPT TO BE SENT TO**: NAME OF COLLEGE/ UNIVERSITY/WORK/SELF |
|  |
| **Address:** where Transcript is to be sent  |
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| Street/P.O. Box:  |
| City: State: Zip:  |
| Fax:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_\_ Email: Attention: |
| **If you will pick up, please note here****Pick up:** **YES\_\_\_\_\_ Number of copies requested\_\_\_\_**  |

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Complete this form and return to B.H.S

Bradford High School 581 N. Temple Ave., Florida 32091 ATT: Transcript Request 581 North Temple Avenue Starke FL., 32091

Please Note: Due to the Privacy Act, if you wish for a third party (e.g. a family member/friend) to collect the transcript on your behalf, you must provide them with an authority letter. This must be presented at the time of collection by the nominated person (agent). The authority letter should contain your name, student ID or date of birth, the name of your agent, and a sentence outlining what they are permitted to do.

**Signature** Student/Former Student (*Maiden Name*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_