



# CITY of BROCKTON

BROCKTON PUBLIC SCHOOLS

Michael P. Thomas ♦ Interim Superintendent of Schools

PLEASE SIGN & DATE BELOW & PROVIDE A PHONE NUMBER

**Please Print Clearly to Expedite the Process**

OWES-\$ \_\_\_\_\_

Please sign below

## BROCKTON HIGH SCHOOL TRANSCRIPT REQUEST FORM

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name (Maiden Name)

Date of Birth \_\_\_\_\_ Year of Graduation \_\_\_\_\_

*If NOT a Graduate, please list the YEAR you SHOULD have graduated \_\_\_\_\_*

authorize Brockton High School to release my:

BHS School transcripts  Edison Academy  Adult Ed  Afternoon Academy  Night School

IEP (Individual Education Plan)  MCAS Scores  Other:

Home Address (Please fill in below signature).

Pick up at Main Office (Allow 2-3 days).

The Party or School (Please fill in below address).

FAX TO: ----- at -----

Email Address: \_\_\_\_\_

\_\_\_\_\_  
Name of Party or School(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

Number of transcript requested: \_\_\_\_\_

I understand that this information will be treated as confidential.

Signed \_\_\_\_\_

Student or Parent (If student is 18 or older only, student may sign)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address Please Print CLEARLY

Date: \_\_\_\_\_

**PLEASE NOTE: There is a \$3.00 fee (cash or money order only) per transcript request. Please make money order payable to: BROCKTON HIGH SCHOOL. Mail to BROCKTON HIGH SCHOOL, 470 Forest Ave, Brockton, MA 02301 ATTN: RECORDS OFFICE**

**Brockton High School 470 Forest Ave. Brockton, MA 02301**

*www.brocktonpublicschools.com*

***Brockton. Education. Industry. Progress.***