

BULLARD HIGH SCHOOL
Request for Academic Transcript

A MINIMUM OF 5 WORKING DAYS REQUIRED ON ALL TRANSCRIPT REQUESTS

FAX request to 903-894-3051

OR

MAIL completed form to: Bullard High School
Counselor's Office
PO Box 250
Bullard, TX 75757

Note #1: Unsigned or incomplete requests will not be processed.

Note #2: Transcripts will not be released on students having a hold (Library fines, lost book, etc.)

Last Name First Name Middle Name Maiden Name

Currently Enrolled: Yes No

Year Graduated: _____ **OR** Last Year of Attendance: _____

Please check what is being requested: (only what's checked will be sent)

_____ # of Official Transcripts _____ # of Unofficial Transcripts

_____ SAT Scores _____ ACT Scores _____ AP Scores _____ TAKS/EOC Scores

If student has taken SAT/ACT multiple times, please indicate date of preferred Student Score Report: _____.

Date Taken

MAIL TRANSCRIPT TO:

(PLEASE GIVE NAME OF SCHOOL/PERSON AND A COMPLETE MAILING ADDRESS)

OR TO BE PICKED UP BY: _____
NAME OF PERSON

The 1974 Family Educational Rights and Privacy Act as amended requires the signature of the student to release a transcript. Academic transcripts will not be released to a third party without the written consent of student.

Signature: _____ Date: _____

For Office Use Only: Date Transcript Mailed _____	Initials of Office Personnel: _____
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