



City of Brockton

BROCKTON PUBLIC SCHOOLS

Dr. James Cobbs ■ Acting Superintendent of Schools

BROCKTON HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please Print Clearly to Expedite the Process

Please pick up your requested transcript within 30 days.

After 30 days, your transcript will be discarded, and you will have to submit a new transcript request.

OWES -\$ _____

Please sign below

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).

EMAIL ADDRESS: -----

FAX TO: _____ AT: _____

NAME OF SCHOOL: _____

Address _____

City, State, Zip Code _____

Number of transcript(s) 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 **\$5.00** 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

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