



128 Soo Line
Bismarck, ND 58501
701.323.4000
701.323.4001 (Fax)
www.bismarckschools.org

AUTHORIZATION FOR RELEASE OF STUDENT TRANSCRIPT INFORMATION

STUDENT'S NAME _____ **BIRTHDATE** _____

SCHOOL _____

GRADUATED ____ Yes ____ No **YEAR GRADUATED OR LAST YEAR ATTENDED** _____

I hereby authorize the Bismarck Public School District to release my school records. (If under 18, Parent's signature required.)

SIGNATURE _____ **DATE** _____

Advance payment of \$2.00 per transcript is required. (Cash or Money Orders are also acceptable.)
Transcripts will not be released if there is an unpaid balance on your school meal account.

Please make checks payable to Bismarck Public Schools.

Check what type of transcript you need. An official transcript is embossed and mailed in a sealed envelope to the address provided below. An unofficial copy is mailed to your address.

Official Transcript _____ Unofficial Copy _____

CURRENT ADDRESS _____
(Unofficial Copy)

MAIL TRANSCRIPT TO _____
(Official Transcript)

Mail form and payment to the last school attended.

Bismarck High School	800 N 8 th St	Bismarck, ND 58501	701.323.4802
Century High School	1000 E Century Ave	Bismarck, ND 58503	701.323.4902
Legacy High School	3400 Calgary Ave	Bismarck, ND 58503	701.323.4862