

# Transcript Request Form

## Blind Brook High School Counseling Department

**A transcript request form must be completed for each school or organization to which you request a transcript. A minimum of two weeks' notice is required for all transcript requests.**

Student Name: \_\_\_\_\_

Graduation/Withdrawal Date From BBHS      Month \_\_\_\_\_ Year \_\_\_\_\_

Name of College/Organization \_\_\_\_\_

Email of College/Organization/Ind. \_\_\_\_\_

Address of College/Organization \_\_\_\_\_

***Once completed, please submit to Debra Navaretta and she will forward an official academic transcript directly to the college or organization.***

EMAIL:      [dnavaretta@blindbrook.org](mailto:dnavaretta@blindbrook.org)    OR FAX:      914-937-4509

Signature \_\_\_\_\_

Date \_\_\_\_\_