BUENA VISTA HIGH SCHOOL

Transcript Request Form

Main Office: 531-299-2900 | Fax: 531-299-2937| Hours: 7:30 AM to 3:30 PM (M-F)

Transcripts may be requested by mail or hand delivered to the main office. Complete ONE transcript request form per transcript request.

PLEASE PRINT

Name: _____

Last Name First Name Middle Initial

Name while attending BVHS (maiden or other): _____ Date of Birth: _____

Current Address: _____

Phone Number: _____ Graduation Year: _____

I authorize an official copy of my high school transcript(s) to be released to the following:

Name of Institution/Job: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

_____ _____

Signature **Date**

Transcripts cannot be emailed to yourself or handed to you; they need to be sent directly to a college, university, or employer.

Please send the completed the form to:

Buena Vista High School
Attention: Transcript Request
5616 L Street
Omaha, NE 68117

OFFICE USE ONLY

Date completed & comments:

_____

_____

_____