



## SCHOOL REQUEST FOR TRANSCRIPT

*(Please fill out the form completely)*

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

Birthdate (mm/dd/yy): \_\_\_\_\_

Year graduated: \_\_\_\_\_

Student's current address: \_\_\_\_\_

Today's date: \_\_\_\_\_

### NUMBER OF TRANSCRIPTS(S):

**OFFICIAL** \_\_\_\_\_  Mailed  Picked up

**UNOFFICIAL** \_\_\_\_\_  Mailed  Picked up  Fax

If mailing, submit **EXACT ADDRESS** where transcripts(s) should be sent:

Name and Address:

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*Please email requests to Dean Trevigne – [trevigne@bayhillhs.org](mailto:trevigne@bayhillhs.org)*