



**BAYHILL HIGH SCHOOL
REQUEST FOR TRANSCRIPT**

(Please fill out the form completely.)

Student Name: _____ Date of Birth (mm/dd/yy): _____

Current Grade: _____ Anticipated Grade: _____ Year Graduated: _____

Student's Current Address: _____

NUMBER OF TRANSCRIPTS(S):

(Please specify the number of transcripts and how they will be delivered.)

OFFICIAL _____ Mailed Picked up Email or Fax: _____

UNOFFICIAL _____ Mailed Picked up Email or Fax: _____

If mailing, write **EXACT ADDRESS** where transcripts(s) should be mailed:

Name and Address: _____

Name of Requestor: _____

Signature: _____ Date: _____

Request Fulfilled Date: _____

Signature of Callen Reese: _____ Date: _____

****Please email requests to Callen Reese – reese@bayhillhs.org****