

REQUEST FOR A HIGH SCHOOL TRANSCRIPT FOR FORMER STUDENTS OF
BARTLESVILLE HIGH SCHOOL AND COLLEGE HIGH SCHOOL IN BARTLESVILLE, OKLAHOMA

Please send this request to:
April Seals, Registrar
Bartlesville High School
1700 Hillcrest Dr
Bartlesville, OK 74003-5825

Or you may fax this request to: April Seals, Registrar, BHS, (918) 336-7197

REQUEST FOR TRANSCRIPT

NAME (at time of attendance): _____ **DATE:** _____

DATE OF BIRTH: _____ **SSN:** _____

GRADUATION/ATTENDANCE DATES: _____ **SCHOOL ATTENDED:** _____

TELEPHONE NUMBER: _____ **FAX NUMBER:** _____

SEND TRANSCRIPT TO: _____
(COMPLETE ADDRESS)

I understand that the records sent will include any and all of the following information from 9–12 grades: national and state test scores, health records, and semester grades. I understand that student records are released only in accordance with institutional policy as provided by the Family Educational Rights and Privacy Act.

SIGNATURE _____