

Please bring this request to the BHS Counselors' Office.

COUNSELOR SIGNATURE: \_\_\_\_\_ SENT: \_\_\_\_\_

WEIGHTED TRANSCRIPT

POSTED TO TRANSCRIPT

### REQUEST FOR TRANSCRIPT TO BE SENT

STUDENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

POSTMARK DEADLINE (GIVE TO COUNSELOR AT LEAST ONE WEEK BEFORE DEADLINE) \_\_\_\_\_

SEND TRANSCRIPT TO: \_\_\_\_\_  
(COMPLETE ADDRESS)

\_\_\_\_\_

\_\_\_\_\_

TRANSCRIPT FOR:  APPLICATION How did you submit your application?  Attached  Mailed  On line

SCHOLARSHIP

7<sup>TH</sup> SEMESTER (After Jan. 25)

IF REFERENCE LETTERS ARE TO BE INCLUDED, PRINT BELOW THE NAME OF THE PERSON(S) WRITING LETTERS:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

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

STUDENT SIGNATURE \_\_\_\_\_

AND

PARENT/GUARDIAN SIGNATURE (IF STUDENT IS UNDER 18) \_\_\_\_\_