Transcript Request Form

Date:_____ Name:_____ Year of Graduation:_____

Requesting: (circle one) Unofficial Transcript ($3 per copy) Official Transcript ($5 per copy)

Date Needed: _____ *(Note: Transcripts must be requested three days before the date needed.)*

Send to: _____City/State: _____

Send to: _____City/State: _____

Send to: _____City/State: _____

Check her if additional addresses are listed on back of page: ❑

Reason: (check one) ❑ College Application ❑ Scholarship ❑ Other: _____

Are you mailing other documents with transcript? ❑ Yes ❑ No

Document to send: _____

Additional document: _____

Comments/Special Instructions: _____

_____

Under the Family Educational Rights and Privacy Act, we are required to obtain your written permission in order to forward a transcript to other schools, colleges, universities, organizations, or prospective employers. The Brook Hill School transcript contains a student's grades and GPA. Additionally, some student transcripts may contain PSAT, SAT and ACT scores and community service information.

I affirm that I am the above named student. In compliance with the Family Education Rights and Privacy Act of 1974 (as amended), I hereby give my written consent and do therefore authorize The Brook Hill School to release my student records as noted.

Date: _____ Student Signature: _____

Parent/Guardian signature if student is UNDER 18 yrs.

IMPORTANT NOTE: This form must be returned to the Academic Office by fax (903-894-6332; ATTN: Julie Hanks), by mail (Julie Hanks, Academic Office, 1051 N Houston St, Bullard, TX 75757), or in person.

Updated 6/25/2010