

BISHOP ROSECRANS HIGH SCHOOL TRANSCRIPT REQUEST FORM

Complete this form and return to the Main Office.

NOTE: Official School Transcripts take five (5) school days to process.

Please keep this processing time in mind when application deadlines or vacation periods are near.

Your Name: _____ Today's Date: _____

Address: _____

Graduation Date: _____ Date of Birth: _____

Best Phone Contact Number: _____ Check here if NCAA Student Athlete:

Date(s) of most recent **Standardized Test** which should appear on transcript.

ACT: _____ SAT: _____ AP: _____

Wait until these scores are available before transcript is printed (circle one): **YES** **NO**

Total Number of Transcripts Requested: _____ Date Needed by: _____

Processing Fee per Transcript for non-current students: \$5.00*

Be sure to include this via cash or check (Payable Bishop Rosecrans High School) when submitting this request.

* There is no charge for unofficial transcripts processed for current students. Graduating seniors will receive 5 free official transcripts upon completion of the twelfth (12th) grade.

Name of College or Agency #1: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature of Student: _____ **Signature of Parent:** _____

(Not necessary if student is 18 or over)

Name of College or Agency #2 (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature of Student: _____ **Signature of Parent:** _____

(Not necessary if student is 18 or over)

Name of College or Agency #3 (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Signature of Student: _____ **Signature of Parent:** _____

(Not necessary if student is 18 or over)

*******For School Use Only*******

Received By: _____

Date Processed: _____

Method of Payment:

Date Requested: _____

Date Mailed: _____

cash check money