

BENTONVILLE HIGH SCHOOL
1801 SE "J" Street
Bentonville, AR 72712
479-254-5100
479-254-5115 Counseling Center
479-271-1184 Counseling Center FAX
www.bentonvillek12.org/bhs

HIGH SCHOOL TRANSCRIPT REQUEST

PLEASE ALLOW **48 HOURS** TO PROCESS REQUEST.

Cost is **\$5.00 per copy** for Graduates and **\$2.00 per copy** for current students.

I AM REQUESTING A COPY OF MY:

Check all that apply

REASON:

_____ Transcript

___ Admissions

_____ Immunizations records

___ Personal

_____ Birth certificate

___ Scholarships

Student Name (print) _____

Maiden Name (print) _____

Student ID: _____ or Social Security Number: XXX-XX-_____

Date of Birth ____/____/____ Year of Graduation _____

Student (or) Parent Signature _____ Date ____/____/____

PLEASE SELECT ONE OF THE FOLLOWING DELIVERY METHODS:

_____ I will pick up _____ copies **Note:** Please pick up in the North Counselors Office

Circle one: In envelope (sealed) or Unsealed

_____ please fax a copy to: (_____) _____ - _____

_____ please mail a copy to the following address:

Name of College/University _____

Address _____

City, State and Zip _____, _____ _____

**** Please add any additional school addresses to the back****

ARE THERE ADDITIONAL MAILING ADDRESSES ON THE BACK? _____ Yes _____ No

FOR OFFICE USE ONLY

TRANSCRIPT WAS:

_____ MAILED

COMPLETED BY: _____

_____ PICKED UP

DATE: ____/____/____

_____ BOTH