

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