

# *Baldwyn High School*

## TRANSCRIPT REQUEST FORM

DATE REQUESTED: \_\_\_\_\_

DATE NEEDED BY: \_\_\_\_\_

STUDENT'S NAME:

FIRST

MIDDLE

LAST

Acknowledging that I am covered under the Protection of Rights of Privacy of Parents and Students Public Law 93-380, Section 438, I give written consent to release my high school transcript.

Signature \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_

NUMBER OF COPIES NEEDED: \_\_\_\_\_ OFFICIAL \_\_\_\_\_ UNOFFICIAL

NAME OF SCHOOL AND ADDRESSES TO SEND TO:

(It is not necessary to provide addresses of colleges and universities within Mississippi.)

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

2. \_\_\_\_\_  
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3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PLACE COMPLETED FORM IN COUNSELOR'S BOX**

**For School Official's Use Only**

Date Transcript: \_\_\_\_\_ MAILED \_\_\_\_\_ GIVEN to  
STUDENT