

TRANSCRIPT REQUEST FORM

DATE OF REQUEST: _____

NAME: _____

YEAR OF GRAD: _____

DEADLINE**: _____

**** MUST submit 10 working days before deadline. It is assumed, unless otherwise informed by the student, that "deadline" means "must be postmarked by..."**

COLLEGE INFORMATION

COLLEGE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

Please include: **(check all that apply - if box is not checked, item will not be sent)**

Send BHS OFFICIAL Transcript

Send UNOFFICIAL Transcript

Pick up OFFICIAL Transcript _____ # copies

Pick up UNOFFICIAL Transcript _____ # copies

Send counselor recommendation.

_____ Please check here if counselor recommendation is REQUIRED by THIS college

Signature: _____

(Signature must accompany any release of information)

STUDENTS MUST HAND THIS FORM DIRECTLY TO MRS. MCGREGOR OR TO THE BOX AT HER DESK IN THE GUIDANCE OFFICE. THE FORM CAN BE FAXED TO: 406.837.7245 OR MAILED TO: PO BOX 188, BIGFORK, MT 59911.