

BOYCEVILLE HIGH SCHOOL TRANSCRIPT REQUEST FORM

Please allow 3 to 5 business days for processing from the time the request is received in our office. BHS MUST have the signature of the former student to release transcripts. Only if the former student is under 18 may a parent sign.

Today's Date: _____

Mail immediately

Mail after _____

Name:

Previous Name(s):

Street Address:

City, State Zip:

Phone Number:

Dates of Attendance (or year graduated):

Date of Birth:

Mail _____ (# of copies) to the following address:

Mail _____ (# of copies) to the following address:

Fax Number (if transcript is to be faxed):

Attn:

Signature:

Please send all transcript requests to:

Boyceville High School
Attn: Transcripts
1003 Tiffany Street
Boyceville, WI 54725