

TRANSCRIPT REQUEST

BRENTWOOD HIGH SCHOOL TRANSCRIPT REQUEST

Date_____/_____/_____

Print your full name_____

Name of College/University_____

City and State of College/University_____

Student signature_____

.....

___**Applied through Common Application** (do not attach \$2.00)

OR

___Send an official copy of my transcript w/test scores (\$2.00)

___Send Secondary School Report or Counselor’s Report (if required)—**must be completed, signed and attached to this form!**

College Deadline_____ (ASAP is not a deadline!)

.....

_____Senior

_____Junior

Alumni: year graduated _____and phone number where we can reach you_____

.
***** **Do not write below this line** *****

.....

Counselor_____

Completed___/___/_____

Date Mailed_____

\$ 2.00 Received_____

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