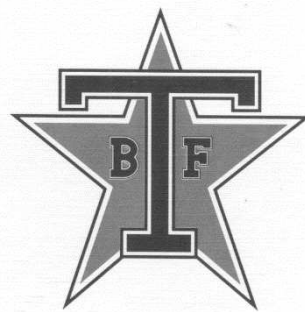


B.F. Terry High School

Transcript Request

(allow 48 hours to process request)



Date of Request: _____

Name During Enrollment: _____

Year of Graduation: _____ Or Date of Last Attendance: _____

ID#: _____ Date of Birth: _____

Phone #: _____

In the blank, fill in the number of official or unofficial transcripts needed.

_____ Official (sealed) transcript(s) _____ Unofficial transcript(s)

Please check the appropriate box.

_____ Transcripts will be picked up.

_____ Please send transcripts to: _____ Check here to include ACT/SAT scores
with transcript sent to the college

1) _____ 2) _____

3) _____ 4) _____

B.F. Terry High School
Registrar's Office
5500 Avenue N
Rosenberg, TX 77471
Fax: 832-223-3411

Signature when picked up _____ Date: _____