

Transcript Request



BEACON
HIGH
SCHOOL

Today's Date: ____/____/____

Student's Name: _____

Date of Birth: ____/____/____

Year of Graduation (or expected graduation): _____

Address(es) of college, employer, or home where the transcript(s) are to be sent:

1. Name: _____

Address: _____

City, State, Zip _____

2. Name: _____

Address: _____

City, State, Zip _____

If requesting additional copies, please include address on the back of this form or on an attached sheet.

Please note: For a transcript to remain official, it must be sent directly to a college or employer. Only unofficial transcripts will be sent to home addresses.

I hereby grant permission for Beacon High School to release my official transcript to the address(es) listed above.

Signature: _____

Present address: _____

Telephone: (_____) _____

E-mail address: _____

Please return this form to:

Beacon High School Guidance Office
917 Belmont Street
Watertown, MA 02472

For Office Use Only

Date Received: _____ by _____

Date Sent: _____ by _____