



# Beloit Memorial High School

(for office use only)

Paid \_\_\_\_\_

Date \_\_\_\_\_

## High School Transcript Request Form

This form must be completed and signed before it can be processed. **We CANNOT process this form without your signature.** Note: This form is for **High School** credit level courses only. Transcripts for college level courses completed while attending BMHS must be ordered from that school.

### STEP 1: YOUR INFORMATION

Current Name (Last, First, Middle)		Last Name Used In High School	Date of Birth -----/-----/-----
Current Street Address		City	State Zip Code
Phone Number	Email Address		Did you graduate from BMHS? Yes / NO If yes, What was your graduation year? _____

### STEP 2: MAIL TO ADDRESS (optional)

Mail ____ (# of copies) to:	Name and Address:
Mail ____ (# of copies) to:	Name and Address:
Mail ____ (# of copies) to:	Name and Address:

### STEP 3: SIGN

Signature: (Required)	Date:	<b>Send Transcript Request to:</b> Beloit Memorial High School School Counseling Office 1225 Fourth Street Beloit, Wisconsin 53511 Office (608) 361-3029
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**Transcript requests may take up to 3 business days for processing. There is a \$5 fee per transcript ordered.**

### STEP 4: PAYMENT

If paying by check or money order, make payable to: **Beloit Memorial High School**

Cash       Check       Money Order