

BORGER HIGH SCHOOL
600 West First Street
Borger, Texas 79007-4059
(806) 273.1029 Office • (806) 273.1036 Fax

TRANSCRIPT REQUEST FORM

In accordance with the public law 93-380, The Family Educational Rights and Privacy Act of 1974, we are unable to release records without the parent's approval or the student's approval, if 18 years of age or older. The space below is provided for your convenience in obtaining the required approval.

TRANSCRIPTS FOR CURRENTLY ENROLLED STUDENTS WILL BE MADE FREE OF CHARGE. TRANSCRIPTS FOR PREVIOUSLY ENROLLED STUDENTS WILL BE \$5.00 EACH.

I hereby request the release of transcripts and test scores for:

NAME OF STUDENT: _____
Last Name First Name Middle Name

CONTACT PHONE NUMBER: _____

DATE OF BIRTH: _____
Month Day Year

GRADE LEVEL/CURRENTLY ENROLLED: 9th Grade 10th Grade 11th Grade 12th Grade

YEAR OF GRADUATION OR WITHDRAWL: _____
(Please specify if you fully graduated or withdrew from BHS)

RELEASE TO: Student Parent College/University

IF TO BE MAILED, COMPLETE NAME AND ADDRESS OF PERSON OR PLACE:

I hereby attest that I have legal authority to request release of these records. I understand they will not be divulged to other parties without written consent of the parents or student, 18 years of age or older.

Signature of Parent or Student