



Bedford High School

Transcript Request Form

1. For BHS to release your transcript and associated information, this form is required to be completed, including the required parent/guardian or student signature.
2. There is no fee for a transcript. Please provide a **postage stamp** for each mailed transcript.

First Name: _____ **Last/Maiden Name:** _____ **MI:** _____

Birthdate: _____ **Year of Graduation:** _____ -or- **Year of Withdraw:** _____

Phone: _____

Number of copies needed: _____

Delivery Information:

Please select one of the following options and provide complete mailing details:

- Mail to** (postage stamp required):

Institution Name: _____

Attention To: _____

Street Address: _____

City/State/Zip: _____

- Email** (unofficial only): _____

- Pick up**

- Other:** _____

Your signature authorizes Bedford High School to send the requested transcript to the location listed:

Student Signature (if 18 years of age or graduated): _____ **Date:** _____

Parent Signature (if student is under the age of 18): _____ **Date:** _____

Please allow 5 business days for your transcript to be processed

Please return this form to:

Bedford High School
c/o School Counseling Office
330 East John Street
Bedford, PA 15522
or
Email: prescotts@bedfordasd.org

For Office Use Only:

DS: _____

DR: _____