

Brunswick High School

Alumni Transcript Request Form

I, _____ am requesting that you prepare an official transcript for myself for college/scholarship/employment in accordance with the requirements of those organizations. Information supplied may include a description of academic and personal characteristics that will aid the college, employer or scholarship program as they make decisions regarding admission or scholastic awards.

Name: _____ (last name at the time of Graduation)

Date of Birth: _____ Year of Graduation: _____

Phone number: _____ Email: _____

Signature: _____ Date: _____

1. _____
Name of College

Street Address

City, State, Zip

2. _____
Name of College

Street Address

City, State, Zip

3. _____
Name of College

Street Address

City, State, Zip

4. _____
Name of College

Street Address

City, State, Zip

Please complete and return this form along with a check or money order payable to Brunswick High School to the address below:

Brunswick High School
Attn: Jill Wilton
101 Cummings Drive
Brunswick, MD 21716

- A **\$2.00 fee** will be assessed for **EACH** transcript requested.
- Allow at least **one week for processing**.
- This form can also be faxed to (240)236-8602.
- Transcripts will be mailed to the address(es) listed above unless otherwise indicated on form.

Any questions, please contact Jill Wilton at (240)236-8619 or jill.wilton@fcps.org.

BHS Administrative Use Only

___ Mailed ___ Faxed ___ Emailed _____ Date ___ Paid _____ Initials