

BHS Transcript Request Form

For Alumni only - Please do not use this form if you're a current BHS Student

Cost: \$2.00 per official transcript.
(This can be sent after request).

BHS-transcripts@beaverton.k12.or.us

.. FAX #: (503)-356-2826

Email, mail or fax to BHS

Write checks payable to:
Beaverton High School
Counseling Dept./Transcripts
13000 SW Second Street
Beaverton, OR 97005-2615
Phone #: (503) 356-2843

REQUESTER'S INFORMATION

Legal Name (Print): _____ ID# _____ Date: __aa__

Name used while attending (if different): _____

Date of Birth: _____ Daytime telephone # _____

Graduation year: _____ or year last attended: _____

QUANTITY AND TYPE

Number of OFFICIAL transcripts _____ this transcript includes test scores (if available). It is sealed in an envelope and becomes unofficial if opened.

Number of UNOFFICIAL transcripts _____ (For student/parent review.)

Total number of transcripts requested: _____

DELIVERY METHOD

I will _____ pick up transcript(s) in BHS Counseling Office (M-F 7:30 am. to 3:30 pm.)

OR

I want to _____ have them mailed.

MAILING ADDRESSES

Address(es), if you want the transcript(s) to be mailed:

Name of School: _____ ~ Name of School: _____

Address: _____ ~ Address: _____

City/State/ZIP: _____ ~ City/State/ZIP: _____

Home Address: _____ (If mailing to home address)

City/State/ZIP: _____

Please sign here:

Signature/ Name of Requesting Party

Fill out this form, print it, sign it and fax or mail to BHS Counseling Dept (see top)