



Bucyrus High School
900 West Perry Street Bucyrus, Ohio 44820
Phone (419) 562-7721 * Fax (419) 562-7819

ADMINISTRATION

Dr. Mark Burke, Jr., Principal
 Mr. Jay Dennison, Associate Principal
 Mr. Rick Rawson, Athletic Director

GUIDANCE OFFICE

Mrs. Winnie Johnson, Counselor

REQUEST FOR TRANSCRIPT OF RECORD

Graduated students need to enclose \$2.00 with request

Note:

1. Your transcript will not be released if you have a financial obligation to the Bucyrus City School District.
2. Complete a separate request for each institution or person to receive a transcript.

 Your First Name Middle Initial Last Name

 Last enrolled at BHS

 Street Address

Graduated Yes
 No

 City State Zip

Name under which previously
 registered if different from
 present name: _____

 Signature
 (mandatory for release of transcript)

Date of Birth: _____

Transcript to be sent or faxed to:
 (You are responsible for the address or fax number)

Transcript is to be mailed
 faxes, or given to student

_____ immediately
 _____ after
 _____ (please specify)

Graduated students must include \$2.00 with request.

For office use only:

Date received: _____ Date: _____ Mailed _____ Faxed _____ Given to student _____

Comments: _____

