## **BORGER HIGH SCHOOL**

600 West First Street
Borger, Texas 79007-4059
(806) 273.1029 Office ● (806) 273.1032 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 NUM	/IBER:		
[	DATE OF BIRTH:			
		Month	Day	Year
(	GRADE LEVEL/CURREN	ITLY ENROLLED:	☐ 9th Grade ☐ 10 <sup>t</sup>	$^{ ext{h}}$ Grade $\Box$ 11 $^{ ext{th}}$ Grade $\Box$ 12 $^{ ext{th}}$ Grade
١	YEAR OF GRADUATION	N OR WITHDRAW	/L:	
	(Please specify if you fully graduated or withdrew from BHS)			
	RELEASE TO: ☐ Student ☐ Parent ☐ College/University			
ı	IF TO BE MAILED, COMPLETE NAME AND ADDRESS OF PERSON OR PLACE:			
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hereby	attest that I have lega	l authority to req	uest release of these	records. I understand they will not
oe divulg	ged to other parties wi	thout written cor	nsent of the parents	or student, 18 years of age or older.
			_	Signature of Parent or Student