

Bay High School
750 Blue Meadow Road
Bay St. Louis, MS 39520

Request for Official High School Transcript

NAME WHILE ATTENDING SCHOOL:

First	Middle	Last	Year of Graduation
Date of Birth	Telephone Number		

OFFICIAL TRANSCRIPT TO BE MAILED TO:

Name of institution
Street address
City
State
Zip Code

I, the undersigned former student, am requesting that my high school transcript be sent to the above institution. A fee of \$2.00 is charges for each transcript request. Please remit to the address above.

If you are requesting a student copy to be sent directly to you please include a copy of your identification.

Student's Signature _____ Date: _____