



Bishop Ready High School

TRANSCRIPT REQUEST

Name _____ Date _____

Year of H. S. graduation _____ Years at BRHS _____ thru _____

Social Security number _____ Date of birth _____

Name under which your records are listed _____

Send To: _____
(Include full address
and office or individual
who is to receive
your transcript) _____

use other side if needed

Current Address _____ Phone (_____) _____

Please Enclose Processing Fee \$3.00 – Cash or Check to: Bishop Ready High School

Signature _____

office use only: \$ _____ amt received ____ cash ____ check # _____ by _____

PDF FILL-IN FORM. You may fill in the form on your computer, then print and send to the Guidance Office at BRHS.