

TRANSCRIPT RELEASE FORM

BLUESTONE HIGH SCHOOL
6825 SKIPWITH ROAD
SKIPWITH, VA 23968
Phone (434) 372-5177 Fax (434) 372-5217

Please complete this form and return it to the Guidance Department for release of transcript information. A transcript is an official record of classes taken, grades, and credits earned while attending high school. The transcript will be mailed within 2 BUSINESS DAYS to the address you provide or you may pick it up.

ALL FORMER STUDENTS - TRANSCRIPTS \$3.00 EACH/ CURRENT STUDENTS FREE

DATE _____

NAME _____
LAST FIRST MIDDLE

**MARRIED FEMALES: YOUR NAME IN HIGH SCHOOL _____

ADDRESS _____
City State Zip Code

SOCIÁL SECURITY # _____ DATE OF BIRTH _____

GRADUATION DATE _____ PHONE # _____

I hereby authorize school officials to release my transcripts to the following:

Release to _____

Address _____
City State Zip Code

Signature of Parent, Guardian, or Eligible Student _____

OFFICE USE ONLY:

Date Request Received: _____

Date Transcript Mailed: _____

Mailed/Sent To: _____

It is suggested that you check with the school/employer to make sure transcript was received.