BAYTOWN CHRISTIAN
A C A D E M Y

High School Transcript Request

Date of Request:_____ Year of Graduation:_____

Student:_____
Last Name First Name M.I.

Address to mail transcript to:

_____

_____

_____

_____

Number of Official transcripts given to Student: _____

Unofficial Transcript Request: _____

*Please allow at least 3 school days for processing

_____
Student or Parent Signature

For Office Use Only

Date Mailed:_____

Completed by:_____