



CITY of BROCKTON

BROCKTON PUBLIC SCHOOLS

Michael P. Thomas ♦ Superintendent of Schools

PLEASE SIGN & DATE BELOW & PROVIDE A PHONE NUMBER

Please Print Clearly to Expedite the Process

OWES-\$ _____

Please sign below

BROCKTON HIGH SCHOOL TRANSCRIPT REQUEST FORM

First Name

Middle Name

Last Name (Maiden Name)

Date of Birth _____ Year of Graduation _____

*If **NOT** a Graduate, please list the YEAR you **SHOULD** have graduated* _____

authorize Brockton High School to release my:

☐ BHS School transcripts ☐ Edison Academy ☐ Adult Ed ☐ Afternoon Academy ☐ Night School

☐ IEP (Individual Education Plan) ☐ MCAS Scores ☐ Other:

☐ Home Address (Please fill in below signature).

☐ Pick up at Main Office (Allow 2-3 days).

☐ The Party or School (Please fill in below address).

FAX TO: ----- at -----

Email Address: _____

Name of Party or School(s) _____

Address _____

City, State, Zip Code _____

Number of transcript requested: _____

I understand that this information will be treated as confidential.

Signed _____
Student or Parent (If student is 18 or older only, student may sign)

Street Address _____

City, State, and Zip Code _____

Telephone Number _____

Email Address Please Print CLEARLY _____

Date: _____

PLEASE NOTE: There is a \$5.00 fee (cash or money order only) per transcript request. Please make money order payable to: **BROCKTON HIGH SCHOOL**. Mail to **BROCKTON HIGH SCHOOL, 470 Forest Ave, Brockton, MA 02301 ATTN: RECORDS OFFICE**

Brockton High School 470 Forest Ave. Brockton, MA 02301

www.brocktonpublicschools.com

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