

TRANSCRIPT REQUEST

Date _____

NAME _____

(Please print)

BIRTHDATE _____

GRAD YR/LAST DAY OF ATTENDANCE _____

SEND TO: _____

Signed _____

Please be aware, in order to be a certified/official copy of a transcript, it must be sent to a school, employer or an organization, not the individual.

Unofficial transcript requests must be presented in person at Batavia High School Counseling and Advising Office (grad yr 2009-2002) or at the Rosalie Jones Administration Center (grad yr before 2002) with a photo ID.



(Office Use Only)

Date Processed _____ By _____