

TRANSCRIPT REQUEST

Guidance Office

John S Battle High School

21264 Battle Hill Drive

Bristol, Virginia 24202

Phone: (276) 642-5305 Fax: (276) 642-5330

Step 1: Your Information

Current Name (Last, First, Middle) _____

Name while attending _____

Current street address _____

City _____

State _____

Zip Code _____

Dates of Attendance _____

Date of Birth _____

Phone _____

Step 2: When To Mail Transcripts

_____ Immediately

_____ At semester

_____ At the end of the school year

Step 3: Destination - Provide complete information where transcript(s) should be sent; print clearly

_____ Pick-up

Name of Institution _____

Address _____

City _____

State _____

Zip Code _____

Step 4: Sign and Submit

Signature (REQUIRED) _____

Date _____

Transcript fee is \$4.00 per copy.

If paying by check make payable to John S Battle

Mail request with payment to the address listed above

** Faxed requests must be picked up in the Guidance Office within 7 days

OFFICE USE ONLY Amount Paid \$ _____ Date Mailed _____ Pick-Up Date _____

Transcript Issued by _____ (Initials)