

Charles Hughes Assistant Principal

Vicki Watson Renae Robbins Counselors

Beauregard High School

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Alicia Folds Bookkeeper

Carol Long Jacquelyn Evans Secretaries

TRANSCRIPT RELEASE FORM

I give permission	on to Beauregard High School to relea	se an official transc	ript for the foll	owing student:
STUDENT'S NA	ME:			
SOCIAL SECURI	TY NUMBER	BIRTH DATE		
DATE LAST ATT	ENDED (former students only)			-
		Month	Year	ė .
Please send the	e transcript to the following:			
NAME OF COLL	EGE, UNIVERSITY, TECHNICAL SCHOOL	L, MILITARY		(A. 10 to 14
ADDRESS:				
OR				
	AS REQUESTED (Checking this blank a without having to complete another or reach age 18.)			
SIGNATURE OF STUDENT IF 18 YEARS OF AGE OR OLDER DA				DATE
SIGNATURE OF PARENT/GUARDIAN IF STUDENT IS A MINOR DA				DATE

All request made more than one year after graduation date will be charged \$5.00. Please send a money order made out to Beauregard High School.

Hornets will Be Responsible Have Respect Seek Success