



BEULAH HIGH SCHOOL

4848 Lee Road 270, Valley, AL 36854 • Phone: 334-705-6020 • Fax: 334-749-1914

Mr. Adam Johnson, Principal

TRANSCRIPT REQUEST FORM

for former students

Full Name _____
(include last name when enrolled)

Address _____

Phone _____ Date of Birth _____

Soc. Sec. Num. _____ Graduation Year _____

I give Beulah High School permission to send a copy of my official transcript to the name(s) and address(es) identified below. I have enclosed \$5.00 for each copy requested.

TRANSCRIPT SHOULD BE SENT TO:

(include Name and Address of University/College/Business/etc.)

Form and payment must be received before transcript is sent. Cash is accepted if form is being delivered to Beulah High School. DO NOT MAIL CASH. Checks or money orders are accepted for forms submitted by mail. Mail form and \$5.00 fee for each copy requested to:

Beulah High School
c/o Registrar
4848 Lee Road 270
Valley, AL 36854

Transcripts will be sent via US Postal Service.
We are unable to fax or electronically submit transcripts.

FOR OFFICE USE ONLY.

Date Received: _____

Receipt No.: _____