



## Battle Creek Public Schools

ELEMENTARY: 305 South 4th ST. P.O. Box 190 Battle Creek, NE 68715-0190 Fax 402-675-5020  
JR/SR. HIGH SCHOOL: 605 West Martin P.O Box 100 Battle Creek, NE 68715-0100 Fax 402-675-1038

### Transcript Request Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Previous Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

High School Graduation Year: \_\_\_\_\_

Send Official Transcript to:

Name or Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

☐ FAX Transcript : \_\_\_\_\_

☐ Email Transcript: \_\_\_\_\_

I authorize Battle Creek High School to release my official high school transcript.

Signature: \_\_\_\_\_

*Send request to:*

**Battle Creek High School**

**Attention School Counselor**

**PO Box 100**

**Battle Creek, NE 68715**

*Or Email:*

**Cathy Thompson**

**cthompson@bcpsne.info**