



Bixby High School
Registrar
601 S. Riverview Rd.
Bixby, OK 74008
Phone (918) 366-2220 Fax (918) 366-2350

TRANSCRIPT REQUEST

Date of Request:_____ Year of Graduation:_____

Name at the time you attended BHS: _____

Date of Birth:_____ Phone Number:_____

Please select from the following options:

☐ Pick up my transcript(s) in the Registrar's office at BHS. Number of copies needed:_____

☐ Send electronically to the following college or university (via XAP transcript exchange):_____

☐ Fax transcript to :_____

Fax #:_____

☐ Mail transcript to :_____

☐ Email transcript to :_____

Email address:_____

I understand that my transcript includes the following: grades, credits, class rank, grade point average, standardized test results and AP scores.

Student signature (parent may sign if student is under 18)